



Employment Application

Applicant Information

Full Name: _____ Date: _____
First Last M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Employer/Occupation: _____ **DOB:** _____

Schedule _____

Degrees: _____ Previous Occupation : _____

Student: _____ Address: _____

Marital Status _____ Spouse Name: _____ Spouse Occupation: _____

Child/Children's Name & Age: _____

Church membership/positions /responsibilities _____

Other Volunteer Experiences (outside the church): _____

How would you like to be involved at H.C.?

Summarize feelings on:

1. Abortion (include where you think life begins, etc):

2. Would there be an exception to this? (deformity of fetus, rape, incest, etc.):

3. Single Parenting:

4. Getting married due to pregnancy:

5. Premarital sex (include your feelings on recommending birth control):

6. Please share your faith testimony

7. How do you feel about sharing your faith with others?

8. What Spiritual gifts or talents would you bring to this organization?

References

Please list three professional references.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Pastor/Other
Minister:

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

We are grateful for your willingness to serve at Hope Clinic. I look forward to discussing the opportunity to work at Hope Clinic.

Thank you for your time in completing the application.

Your next step is to set up a meeting with our Executive Director, Karen Sims. If possible, email your application to karen@hopeclinicms.com.

Signature

I will earnestly pray about this employment opportunity.

Signature: _____ Date: _____