

EMPLOYMENT APPLICATION

Name

First _____ Middle _____ Last _____

Address

Street _____

City _____ State/Zip _____

Contact Information

Home Phone _____ Cell _____

Email Address _____

Position applying for _____

Do you, your spouse, or any immediate family members have any connections with Options for Women East?

Yes No If so who? _____

Educational Background

Name of School	Certificate or Degree	Dates Enrolled - Graduated

Other Education _____

Employment History

Current Employer	Address	Phone
Position	Length of employment	Supervisor

References

Name	Organization/ Relationship	Phone
_____	_____	_____
_____	_____	_____

Previous Employment / Volunteer Positions

Employer	Position	Length of Employment / Volunteering

How did you hear about this opportunity?

Why do you want to work with Options for Women East?

Share any experiences you have had with someone struggling with an unplanned pregnancy?

Share your thoughts on the following

Adoption

Abortion

Single Parenting

Contraception

Women who have had an abortion



COMMITMENT OF CARE

Options for Women East is committed to providing the highest quality of care, using best practices while demonstrating an attitude that is compassionate and full of respect toward every individual we serve. I also agree to attend the TLC training seminar in addition to on-site training and orientation at OFWE.

Our core values are at the center of all of our services:

We are advocates for the unborn, their mothers and their families.

We do not perform abortion, nor refer for abortions, but offer alternatives which meet the needs of the whole person.

We value the right to life and the right to health care from the moment of conception until natural death for every individual.

We encourage fertility awareness and education.

We encourage natural family planning for married couples. We encourage chastity for those who are not married.

All of the services we provide are free.

All information regarding clients will be kept strictly confidential with the exception of mandated requirements for reporting abuse or neglect of a minor.

My signature indicates that all the information I have provided is accurate to the best of my knowledge and that I am in agreement with OFWE's Commitment of Care policy.

Signature _____ Date _____