

### 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?

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

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

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**Share your thoughts on the following**

Adoption

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Abortion

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Single Parenting

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Contraception

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Women who have had an abortion

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## 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 EL training seminar in addition to on-site training and orientation at OFWE.

Our core values are at the center of all 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 the services we provide are free.

All information regarding clients will be kept strictly confidential except for 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 agree with OFWE's Commitment of Care policy.*

Signature \_\_\_\_\_ Date \_\_\_\_\_