



Application for Employment

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE HOME: _____ CELL _____

E-MAIL _____

SOCIAL SECURITY NUMBER: _____

EMERGENCY CONTACT: _____

PHONE: _____ RELATIONSHIP: _____

PROFESSIONAL INFORMATION (If this information is contained in your resume, you do not need to repeat it here or elsewhere in the application.)

EDUCATIONAL BACKGROUND:

COLLEGE/UNIVERSITY: _____

YEAR OF GRADUATION: _____

DEGREE: _____

POST GRADUATE: _____

YEAR OF COMPLETION: _____

DEGREE: _____

OTHER:

EMPLOYMENT HISTORY: (beginning with most recent employment give dates, employer, your position and duties) or attach resume'

Do you have any previous experience working with young women? If so, briefly describe.

For what reasons do you want to work with Aggieland Pregnancy Outreach?

In what type of role do you see yourself serving w/ APO?

HOURS DESIRED: _____

SALARY RANGE DESIRED: _____

Do you have a desire to adopt a child? _____ If yes, briefly describe avenues taken toward adoption. (Note: There could be a potential conflict of interest that would need to be discussed)

REFERENCES:

You will be asked to mail a questionnaire to a professional reference as well as to a personal reference. We ask that you offer a pre-addressed envelope to these references so they can return the forms directly to APO. For our records, please list the name of your references.

1. PROFESSIONAL REFERENCE:

NAME: _____

ADDRESS: _____

TELEPHONE: _____ YEARS KNOWN: _____

EMAIL: _____

In what capacity does this person know you?

2. PERSONAL REFERENCE:

NAME: _____

ADDRESS: _____

TELEPHONE: _____ YEARS KNOWN: _____

EMAIL: _____

In what capacity does this person know you?

3. OTHER REFERENCES OPTIONAL:

NAME: _____

ADDRESS: _____

TELEPHONE: _____ YEARS KNOWN: _____

EMAIL: _____

In what capacity does this person know you?

4. PASTORAL REFERENCE OPTIONAL

NAME: _____

ADDRESS: _____

TELEPHONE: _____ YEARS KNOWN: _____

EMAIL: _____

In what capacity does this person know you? (current pastor, former pastor?)

As a Christian organization, APO is seeking staff members who share our beliefs and have a heart for service. Please answer the questions below to help us understand your beliefs. If you don't know how to answer a question, don't worry! Call or come see us and we can talk about it.

1. Who is Jesus Christ?

2. How does someone become a Christian?

3. Ephesians 2:8-9 says, *“For by grace you have been saved through faith; and that not of yourselves, it is the gift of God; not as a result of works, so that no one may boast.”*
Explain what this passage means to you.

4. Please share your personal story of coming to faith in Christ.

Your personal story continued...

STATEMENT OF FAITH
AGGIELAND PREGNANCY OUTREACH

We believe:

- the Bible to be the inspired, the only infallible, and authoritative Word of God.
- that there is one God, eternally existent in three persons; Father, Son and Holy Spirit.
- in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His ascension to the right hand of the Father and in His personal return in power and glory.
- that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that this salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works.
- in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and to perform good works.
- in the resurrection of both the saved and the lost, they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- in the spiritual unity of believers in our Lord Jesus Christ.

(Organizations such as (but not limited to) Free Masons, Church of Jesus Christ of Latter Day Saints, and Jehovah's Witness are not in alignment with APO's Statement of Faith.)

I have read the above Statement of Faith and acknowledge that I share these same beliefs. If, at anytime there is a change in my beliefs, I will immediately make it known to Aggieland Pregnancy Outreach.

Applicant's e-Signature

Date

If your beliefs differ, please describe.

STATEMENT OF PRINCIPLE
AGGIELAND PREGNANCY OUTREACH

Aggieland Pregnancy Outreach

- believes that children in the womb who were not planned, expected, or wanted are to be as valued and protected as much as any other child.
- is committed to assisting women in the midst of unplanned pregnancies carry their babies to term by providing counseling and emotional support as well as necessary material assistance.
- does not advise for or refer for abortion services.
- offers pregnancy and parenting assistance free of charge at all times.
- does not discriminate in providing services to pregnant or parenting clients based on race, national origin, religion, gender, sexual identity, age or marital status.
- is committed to helping children born from unplanned pregnancies live the abundant life Jesus describes in John 10:10. We do this by pointing the adults in the children's lives to Christ.
- believes adoption is a positive option for women facing unplanned pregnancies and is committed to only placing children in emotionally healthy adoptive homes who meet these foundational requirements:
 - 1) heterosexual couples* who have been married at least three years *Male and female genders defined as biological genders at birth.
 - 2) both are Christians attending the same bible believing church
 - 3) either wife or husband commits to being a stay-at-home parent (working less than 20 hours per week outside the home) until the child reaches kindergarten.

I understand and agree with this Statement of Principle. If at any time there is a change in my beliefs, I will immediately make it known to Aggieland Pregnancy Outreach.

Applicant's e-Signature

Date

If your beliefs differ, please describe:

**STATEMENT OF CONFIDENTIALITY
AGGIELAND PREGNANCY OUTREACH**

Aggieland Pregnancy Outreach provides confidential services to many people in need. As a volunteer, you might come in contact with some of our clients or learn about some of their stories. It is important that the confidentiality of such information is protected. We ask that you adhere to following guidelines in order to protect our clients.

- Do not discuss details of clients' stories with those outside of Aggieland Pregnancy Outreach.
- If you desire to add a client's concern to a prayer chain, do not mention a name, just a brief comment about the struggles and remind them that the Lord knows all the details.
- Occasionally, someone in the community may find out that you are involved with APO and may ask if _____ is an APO client. Do not give out that information. You may say that the identity of all APO clients is confidential so you are not at liberty to say.
- Never discuss a client with another staff member or volunteer in a social setting where another person could overhear.
- Never discuss client problems with other agencies, physicians, etc. without the clients' prior written consent.

Always keep in mind: If you were the client, would you want to have your trust betrayed?

I agree to follow the guidelines of APO's Statement of Confidentiality.

e-Signature

Date

If you have concerns or conflicts with this Statement of Confidentiality, please explain.

Waivers

1. Do you agree to allow Aggieland Pregnancy Outreach and its affiliates to use your photograph and name for any and all promotional purposes? yes no

Comments:

2. Do you waive and release any and all claims for damages that may arise and/or for any type of injuries or losses you may incur while volunteering with Aggieland Pregnancy Outreach? yes no

Comments:

3. Do you understand that if you are selected for employment with Aggieland Pregnancy Outreach, you will be asked to have an FBI background check, a drug screen, and a TB skin test? yes no
(APO will provide you with all forms necessary for such screenings and will tell you where to obtain the services.)

Comments:

4. Is there anything that will come up on the background check, drug screen, or TB Skin test that you would like to tell us about in advance? yes no

Comments:

5. Do you agree to carry personal auto liability insurance with coverage of at least \$100,000 / \$300,000? yes no

Comments:

Save document then send as attachment to kim@pregnancyoutreach.org