Salem Pregnancy Care Center 1342 Westgate Center Dr. Winston-Salem, NC 27103 Phone: (336) 760-3680 ~ Fax: (336) 760-3674

EMPLOYMENT APPLICATION *Please include your resume with this application*

PERSONAL INFORMATION					
Name:	Date of Birth:	Today's Date:			
Address:	City/State/Zip:				
Phone: (Home)	(Cell)	(Work)			
E-mail Address:	Marital Status:	(WOIK)			
Occupation & Employer:	Previous Occupation & Employer:				
Husband's Name:	Children('s) Names:				
CHRISTIAN WALK					
1. Are you a Christian? Yes No If yes, how los	ng have you been a Christian?				
 Please explain what it means to be a Christian: Briefly give your testimony (if needed, use additional sheet) Briefly give your testimony (if needed, use additional sheet) 		u anguga ia uga an na plagga gunlain halau)			
4. Does your current lifestyle reflect Biblical principles? Please explain:	Yes No (Whether you	ır answer is yes or no, please explain below.)			
5. What church do you attend?					
6. How long have you been involved at this church?					
7. Pastor's Name:					
8. Church Address (street, city, zip):					
9. Describe positions held/services performed within the church:					
10. Previous church and address (if less than 2 years in curren	t church):				
11. Are you currently in a group Bible study? Yes	No				

13. If you are not currently attending or involved in a church, please explain why:

TRAINING/GIFTS

1. How do you know that God is leading you to this ministry?

2. What is the extent of your formal education?

3. How does your experience and education contribute to our mission?

4. What are your strengths?

5. What areas need improvement or growth?

CONFLICT RESOLUTION: (Please use another sheet of paper if needed)

Below are a list of scenarios that could occur or have occurred within the center. Please explain how you might react in resolving these conflicts:

• Sally is the Client Services Director at Salem Pregnancy, who works with volunteers one-on-one. Sally was told by Ashley, a client advocate, that another volunteer, Julie, has been telling clients that using contraceptives is the best way to prevent pregnancy. Ashley also, stated that she saw Julie giving a client a condom as she left the center. Knowing that SPCC holds firm to the principal that abstaining from sexual intercourse is best, while also understanding that SPCC does not and will not provide contraceptives to clients, what is Sally's next step?

• Allison is the Fundraising Director at Salem Pregnancy. Allison decided to order bottles for the Baby Bottle Campaign without consulting the executive director. The total amount charged to SPCC's account was \$2,500. Allison then states that she has never had to ask permission, and that you agreed with her that the final decision needed to be made by the fundraising director. What is your next step in resolving this conflict? What if you were the executive director?

•	other staff member. Jon said that the clinic manager even mentioned that "things needed to change around here." He also, stated					
	that the clinic manager did not seem to like her, the outreach director, and spoke harshly about the outreach programs provided at					
	SPCC. What is your next step?					

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GENERAL INFORMATION

1. How did you hear about Salem Pregnancy Care Center?

2. How does your spouse/family feel about your involvement with Salem Pregnancy Care Center?

3. What would you contribute to Salem Pregnancy if hired?

4. Is your schedule flexible? (Example: if we need you here on another day of the week, instead of your scheduled day)

5. What is your personal opinion on abortion?

6. Have you personally experienced an abortion? Yes No If yes, explain and include any counseling you have received:

7. How do you feel about a single woman parenting her baby?

8. How do you feel about a woman placing her baby for adoption?

9. Are you currently seeking to adopt a child? Yes No

10. When do you feel that sexual intercourse is morally acceptable?

11. How do you feel about sexually active teenagers and single adults us	sing birth	control?	
12. Do you have a criminal record (or other minor traffic violations)?	Yes	No	

If yes, please provide dates and details:

Created 6/2017

REFERENCES			
Spiritual Reference:			
A spiritual reference is a Christian leader, pastor, or mentor who has known you for at least 1 year. Name:			
Address: (City/State/Zip)			
Phone:			
E-mail:			
Relationship:			
Other References: *Please do NOT include family members.*			
Name:			
Address: (City/State/Zip)			
Phone:			
E-mail:			
Relationship:			
Name:			
Address: (City/State/Zip)			
Phone:			
E-mail:			
Relationship:			
*Note: Please make sure to contact your references before submitting your application. A staff member will be contacting your references within two weeks of submitting your application.			
Please read carefully before signing:			
I have read, fully understand, and agree with SPCC's Statement of Faith, Mission Statement, Biblical Principles, and Code of Conduct. I also, understand that if choose not to live by these guidelines or principles, that by these grounds, I am not living in accordance to SPCC's bylaws, and this gives rightful permission to the Executive Director and Board of SPCC to relieve me of my duties at any point and time. Yes, this statement is correct and I agree. Signature of Applicant:			

I, the applicant, understand that if I am hired, I will be asked to commit to one year on staff at SPCC. I understand that any trainings and courses provided for me during this time, will need to be financially reimbursed to SPCC from myself, personally, expect in extreme situations, such as death.

Yes, I fully understand and agree to the statement above. No, I do not fully understand, nor agree to the statement above. Signature of Applicant:______

I, the applicant, understand that SPCC is primarily a non-profit ministry dedicated to serving the community while sharing the gospel. In transitioning into a limited medical facility, SPCC is committed to keeping their core values and not simply becoming a medical clinic. In knowing this, I, the applicant, will agree to attend trainings, seminars, or other related activities, medical and non-medical, deemed appropriate by the Executive Director.

Yes, I agree to the statement above.

No, I disagree to the statement above.

Signature of Applicant:___