position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date: \_\_\_\_\_\_\_\_

**EMPLOYMENT APPLICATION**updated 2019

**Legal Name**

First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Former name(s) used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information**

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous occupation (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

□ Yes □ No If so, who? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**References** (if not previously provided)

Name Organization/ Relationship Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background** ( if not previously included in resume)

|  |  |  |
| --- | --- | --- |
| Name of School | Certificate or Degree | Dates Enrolled - Graduated |
|  |  |  |
|  |  |  |

Other Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History**

**Current** (if not previously included in resume)

|  |  |  |
| --- | --- | --- |
| Employer | Address | City, State, Zip |
|  |  |  |
|  |  |  |
| Position | Phone | Length of Employment |
|  |  |  |
|  |  |  |

**Previous Employment**

|  |  |  |
| --- | --- | --- |
| Employer | Position | Length of Employment |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

How did you hear about this employment opportunity?

Why do you want to work with Options for Women | Morris (OFWM)?

Share any experiences you have had with someone experiencing an unplanned pregnancy.

**Share your thoughts on the following:** *(Feel free to use an additional sheet if you wish to elaborate)*

Adoption

Abortion

Single Parenting

Contraception

Women who have had an abortion

The following information is helpful in selecting/assigning roles, planning training, and collecting data for evaluation. \* *Any information you choose to provide will be kept confidential.*  
  
Options for Women | Morris has attendance and punctuality requirements, can you comply (with or without reasonable accommodation)? \_\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_ no

Are you able to perform essential job-related functions (with or without reasonable accommodation), such as standing for two hours at a time or carry 50 pounds from point A to B? \_\_\_\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_\_ no

\*Options for Women | Morris takes seriously our duty to protect the confidentiality of your private identifying information. We will not share such information with anyone outside of the center without your written permission.

*Before signing please review Options for Women | Morris mission statement and organizational values.*

*My signature indicates that all the information I have provided is accurate to the best of my knowledge and that I am in agreement OFWM’s mission statement and organizational values. I understand that submitting this form is not a guarantee of placement as an employee of OFWM, and that placement will be made only after an interview and other background screening, including a criminal background check through the Bureau of Criminal Apprehension. I agree that OFWM may use the information provided on this form to conduct such background screening. Finally, I understand that this position may require training prior to being allowed to start serving in that position.*

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



Mission Statement

Options for Women | Morris is a non-political non-denominational, faith based 501c3 dedicated to strengthening families and protecting the unborn. We provide emotional educational, spiritual and material support for families in need and women facing unplanned pregnancy.

**We want women facing unplanned pregnancy to know they have options, they have support and they can choose life!**

Organizational Values

We believe in:

* the inherent dignity, sanctity, and right to life of each person, from conception to natural death
* the right of women and men considering abortion to receive comprehensive, truthful information in a respectful and compassionate way
* the importance of fertility awareness and education, and the effectiveness and dignity of natural forms of family planning
* the importance of every affiliate to address consistently the needs of the whole person – physical, emotional, spiritual, social, and economic – when providing services
* our affiliates, their commitment to excellence, and their power to change and save lives for the good of their communities

*I have reviewed and agree with* Options for Women | Morris, (OFWM)’s *mission statement and organizational values.*

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