



Hello,

Thank you for your interest in the Pregnancy Help Center of Fort Worth.

While we may not have current openings, we welcome individuals who are interested in serving in our ministry to submit an application and resume for consideration.

If you would like to be considered for future opportunities, please complete an application and email it along with your resume to [dbrooks@phcfw.org](mailto:dbrooks@phcfw.org).

Applications will be kept on file, and we will contact you if a position becomes available that may be a good fit.

May the Lord bless you,

The Pregnancy Help Center of Fort Worth



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain:

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three employment or professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Additional Information**

1. What is your reason for seeking employment with the Pregnancy Help Center of Fort Worth?

2. What special skills, talents, gifts, or personality traits would you bring to our organization?

3. The Pregnancy Help Center is a pro-life Christian ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide services to families in our community. Please write a brief statement about your faith and how your faith would affect your work if you accepted this position. Please add an additional page if necessary.



## **Statement of Faith and Doctrinal Beliefs**

We believe the Bible to be the authoritative, inerrant, infallible and sufficient revelation from God to man.

We believe in the Trinity, consisting of three persons, Father, Son, and Holy Spirit in one God.

We believe that all human beings are born with a sinful nature and that God's remedy for man's condition is entirely of grace through one's personal acceptance of the finished work of Christ.

We believe that Jesus Christ was born of a virgin, lived a sinless life, and died as our representative on the cross.

We believe that He was physically resurrected to prove the completeness of His work providing salvation for all men.

We believe that a true believer is secure in Christ and is called to live a Holy life. We believe in the church, the body of Christ, whose mission is to preach the Gospel to all the world.



## CONFIDENTIALITY AGREEMENT

I understand that all Pregnancy Help Center of Fort Worth information could be sensitive and confidential in nature, and I promise to maintain the confidentiality of all information to which I have access. I also commit to exercise discretion in conversation within the clinic, always cognizant of the potential for someone overhearing.

I understand that personnel and patient information is to be discussed only with appropriate personnel in private areas where others may not overhear and will keep all such information in the strictest confidence, even after I am no longer associated with the pregnancy center.

I understand that clinic information of any nature is to be released only by the Executive Director, or designees, and agree not to discuss clinic business or affairs with anyone outside of the organization. I also promise to apply biblical principles to all my conversations, communications and problem-solving.

I understand that access to the clinic's databases, including medical, donor, etc., shall only be accessed for authorized reasons and only while at the Pregnancy Help Center of Fort Worth. I agree not to otherwise access them unless specifically authorized.

I understand that violation of this policy is serious and will require investigation by the Executive Director and possibly result in immediate termination.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## **Applicant's Certification and Agreement**

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I authorize the pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the Pregnancy Help Center of Fort Worth and any person or entity providing such reference information from any decisions made based upon such information or relating to any decisions made based upon such information.

I give permission to the center to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with minors. If I become a volunteer at the pregnancy center, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client confidentiality.

I recognize that, as a volunteer, I will serve in a different role than the employees of the pregnancy center, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I further certify that I have read and that I am in full agreement with Pregnancy Help Center's Statement of Faith and Core Values

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Applicant's Certification, Introductory period, and Agreement

The first 90 days of continuous employment at PHCFW are considered an introductory period. During this time, you will learn your responsibilities, become acquainted with fellow employees, and determine whether you are satisfied with your position. Your manager will monitor your performance. Upon completion of the introductory period, PHCFW staff may review your performance. If your performance is satisfactory and PHCFW chooses to continue your employment, your Supervisor or the Executive Director will advise you of any improvements expected. Completion of the introductory period does not guarantee employment for any definite period; rather, it allows both you and PHCFW to evaluate whether the position is a good fit.

I certify that my answers are true and complete to the best of my knowledge. I authorize my prospective employer to verify this information and to obtain reference information regarding my work performance and character. I give permission for a criminal background check to the extent that the position for which I am applying may involve interaction with minors. I release my prospective employer and any person or entity providing such information from all liability related to the provision of this information or to any employment decisions made based upon it.

I understand that, if employed, any false statements or omissions of material information on this application may result in termination of employment. If offered and accepting employment, I agree to adhere fully to the policies and rules of PHCFW. I understand that neither these policies nor anything communicated during the interview process creates an express or implied employment contract.

I understand that any employment offered will be for an indefinite duration and on an at-will basis. I understand that either PHCFW or I may terminate employment at any time, with or without notice or cause.

I further certify that I have read and am in full agreement with the Pregnancy Help Center's Statement of Faith and Statement of Principles.

If this application leads to employment, I understand that false or misleading information provided in my application or interview may result in termination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_