



8203 Park Place Road, York, SC 29745
803.693.1207
Christian, faith based, non-profit 501(c)(3) organization

Employment Application

Personal Information

Name: _____ D.O.B. _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email Address: _____

Have you ever been convicted of a crime other than a minor traffic offense? Yes ____ No ____

If yes, please explain.

Are you legally eligible for employment in the United States? Yes ____ No ____

Position you are applying for: _____

Work History (List most recent employer first.)

Employer: _____ Date of Employment: From _____ to _____

Address: _____

Telephone: _____ Supervisor: _____

Reason for Leaving: _____

May we contact? Yes ____ No ____

Employer: _____ Date of Employment: From _____ to _____

Address: _____

Telephone: _____ Supervisor: _____

Reason for Leaving: _____

May we contact? Yes ____ No ____



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Employer: _____ Date of Employment: From _____ to _____

Address: _____

Telephone: _____ Supervisor: _____

Reason for Leaving: _____

May we contact? Yes _____ No _____

Education

Name of High School: _____ Diploma: Yes ___ No ___

GED: Yes ___ No ___

Name of College: _____ Degree(s) Earned: _____

List any special training or certifications: _____

Additional Information

1. This organization is a Christian pro-life ministry. We believe that our faith in Jesus Christ empowers us, enables us, and motivates us to provide pregnancy services in this community. Please write a brief statement about how your faith would affect your work at this center.

2. What is your reason for seeking employment here?

3. Have you worked or volunteered at a maternity home or pregnancy center in the past? Yes ___ No ___

If yes, when and where? _____

4. What are your personal strengths? _____

5. What are possible areas of weakness? _____

6. Under what circumstances would you consider abortion as an alternative for a woman with an unexpected pregnancy?

Never an option: _____ In case of rape/incest: _____

In case of extreme psychological stress: _____ Other: _____



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7. How did you learn about the Palmetto Maternity Home?

References

Please list three references; at least one must be a church official from your church:

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

I declare that the information provided in this application is true and complete to the best of my knowledge. I authorize Palmetto Maternity Home to verify any information related to this application, and to contact references concerning my character, abilities, and acts performed in connection with my investigation and evaluation. I release Palmetto Maternity Home and any person or entity providing reference, qualifications, and certifying/licensing information from any and all liability relating to the provision of such information, including otherwise confidential information. If I become an employee at the Palmetto Maternity Home, I agree to fully adhere to its policies, including those regarding client confidentiality, and further agree to sign a non-disclosure agreement regarding any and all information to which I may become aware with in regard to Palmetto Maternity Home clients. I consent to the disclosure to other organizations, medical associations, licensing boards, and to other similar organizations as required by law, any information regarding my professional or ethical standing that PMH may have, and releases the PMH employees, representatives, and agents from liability for so doing to the fullest extent permitted by law. I pledge to provide continuous quality of care to PMH clients.

Applicant Signature: _____

Date: _____