Application for Client Services Associate (CSA)

Name:			Daytime Phone:			
Address:State:			Evening Phone:			
		_State:	Zip:			
Em	nail address:					
1.	Please explain your interest in assumi	ng the CSA p	oosition at Assurance:			
2.	Training in specific best practices in th the general approach you would take		be shared as part of training, but please des g a woman considering abortion?	cribe		
3.	Identify any current and past position Pregnancy Center:		vices performed for Assurance or another			
4.	-	-	formed for other organizations or other life A role:			
5.	What special skills, talents, gifts, or pe	ersonality trai	its would you contribute to this ministry?			
6.	What would you say are your strengt	hs and weak	nesses?			
				_		

7.	How do	you manage	conflict with	others?	Give a s	pecific exam	ple.
		1					

8. What has been your experience working with/leading volunteers? 9. How would you assess your knowledge of the biblical teaching on the sanctity of human life? 10. Under what circumstance, if any, is abortion justifiable in your opinion? Explain. 11. When do you feel sexual intercourse is morally permissible? Explain. 12. Are you uncomfortable with any aspect of the Center's Statement of Faith or Statement of Principle? Yes_____No_____If yes, please explain._____ 13. What is a Christian? 14. Give a brief statement of how you came to know Christ as your Lord and Savior. 15. How has your life changed since you came to know Christ as your Savior?

16. Please provide the following information about your church: Church name: Phone: Address: _____ Senior Pastor: Denominational ties, if any: ______ How is God using you in your current church? How would you characterize your devotional life? Give one example of the power of prayer from your life: References: Please provide contact information for your pastor, and at least one professional reference and character reference. Name: Relationship: Address: Phone Number: Email address: Relationship: Name: Address: _____ Phone Number: Email address: Name:______Relationship:_____ Address: _____ Phone Number:_____Email address: _____ Name:______Relationship: _____ Address: Phone Number:_____Email address: _____ Are you interested in _____ Full -Time, _____ Part-Time, or _____ willing to consider either? Ideally, how many hours would you like to work a week? Are there any times you are unavailable to work during our current clinic hours (M & W 8-5, T & Th 9-8, Fri, 8-3)? If yes, please indicate which days/times:

What pay range might you expect? Do not reply "negotiable"

APPLICANT'S CERTIFICATION AND AGREEMENT

APPLICANT'S CERTIFICATION AND AGREEMENT: I certify that the facts set forth in this employment application are true and complete to the best of my knowledge, and I authorize Assurance for Life to verify their accuracy and to obtain reference information on my work performance and character. I give permission to Assurance for Life to conduct a criminal background check to the extent that the position for which I am applying may involve interaction with minors. I release Assurance for Life and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any employment decisions made based upon such information. I understand that, if employed, any falsified statements or omissions of material information on this application may lead to my prompt dismissal. If I am offered and accept employment, I agree to fully adhere to the policies and rules of Assurance for Life. However, I understand that neither the existence of such policies and rules nor anything said during my interview process shall be deemed to create an express or implied employment contract. I UNDERSTAND THAT ANY EMPLOYMENT THAT MAY BE OFFERED TO ME WILL BE FOR AN INDEFINITE DURATION AND ON AN AT-WILL BASIS. I understand that either Assurance for Life or I will have the right to terminate any such employment at any time with or without notice or cause. I further certify that I have read and that I am in full agreement with Assurance for Life's Statement of Faith and Statement of Principle.

Signature of Applicant: _____ Date: _____