

## Application for Part-Time Nurse Position

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

1. Please explain your interest in serving as a nurse at Assurance for Life, Inc. ("Assurance"):

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2. Do you have any experience in sonography?  
If yes, please describe.

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If no, classroom and hands-on training including many practice scans will be provided before you would be expected to scan clients. Sonography is a multi-tasking endeavor that requires visual knowledge, factual knowledge, computer skills, hand and eye coordination for fine motor skills, as well as verbal communication with the client. Please share what other experiences you have that would indicate you possess the qualities important to sonography like being able to multi-task; strong computer skills; good hand and eye coordination; and communicating with clients while performing skilled medical services.

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3. Do you have any experience in testing or treatment of sexually transmitted infections? If yes, please describe.

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4. Training in specific best practices in this field would be provided, but please describe the general approach you would take in providing medical services to a woman considering abortion?

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5. What special skills, talents, gifts, or personality traits beyond your nursing skills and experience, would you contribute to this ministry?

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6. What would you say are your strengths and weaknesses? \_\_\_\_\_

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7. How do you manage conflict with others? Give a specific example. \_\_\_\_\_

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8. How would you assess your knowledge of the biblical teaching on the sanctity of human life?

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9. Under what circumstance, if any, is abortion justifiable in your opinion? Explain. \_\_\_\_\_

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10. When do you feel sexual intercourse is morally permissible? Explain. \_\_\_\_\_

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11. Are you uncomfortable with any aspect of the Center's [Statement of Faith](#) or [Statement of Principle](#)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

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12. What is a Christian? \_\_\_\_\_

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13. Give a brief statement of how you came to know Christ as your Lord and Savior. \_\_\_\_\_

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14. How has your life changed since you came to know Christ as your Savior? \_\_\_\_\_

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15. 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? \_\_\_\_\_

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How would you characterize your devotional life? \_\_\_\_\_

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Give one example of the power of prayer from your life: \_\_\_\_\_

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What hourly pay range might you expect (do not reply "negotiable")? \_\_\_\_\_

**References:** Please provide contact information for your pastor, and at least one professional reference and character reference.

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

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

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

#### **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 to verify their accuracy and to obtain reference information on my work performance and character. I give permission to Assurance 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 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. 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 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 the pregnancy center's [Statement of Faith](#) and [Statement of Principle](#).

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

#### **Application Process:**

Please submit cover letter, application, resume, and contact information for references to:

[Janet@assurancecare.org](mailto:Janet@assurancecare.org)

Or

Assurance for Life

Attn: Janet Harris

1517 Nicholasville Rd., Suite 405

Lexington, KY 40503