

Application for Client Services Coordinator (CSC)

Name: _____ Daytime Phone: _____

Address: _____ Evening Phone: _____

City: _____ State: _____ Zip: _____

Email address: _____

1. Please explain your interest in assuming the CSC position at Assurance.
2. Training in specific best practices in this field will be shared as part of training, but please describe the general approach you would take in offering services to a woman considering abortion.
3. Identify any current and past positions held or services performed for Assurance or another Pregnancy Center.
4. Describe current or past roles held or services performed for other organizations or other life experiences that you feel directly relate to the CSC role.
5. What special skills, talents, gifts, or personality traits would you contribute to this ministry?
6. How do you manage conflict with others? What types of conflict are the hardest for you to manage? Give a specific example.

7. What has been your experience performing administrative duties like answering phones, coordinating schedules, and data entry?

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

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

10. How do you feel towards women and men who have had abortions?

11. When do you think 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. How would your faith interact with or impact your work at Assurance?

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: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email address: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email address: _____

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email address: _____

Are there any times you are unavailable to work during our current clinic hours (M & T 9-8, W & Th 9-5, Fri, 9-3)? 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: _____