

Birth Choice Services, Inc. dba ICU Mobile Detroit

**P.O. Box 208
Clarkston, MI 48347
248-620-5353**

EMPLOYMENT/ VOLUNTEER APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use comments section on the back.
- Application will be valid for 60 days.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for an employment/volunteer position with us. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body is required prior to employment/volunteer position as well as background check. If applicant is applying for a driver position we also require driving record from the Michigan Secretary of State office and a copy of your proof of insurance and license.

PERSONAL INFORMATION

Today's Date: _____

Positions(s) Applied For: _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Alternate Phone: (____) _____

Email address: _____

Other Names Previously Used:

_____ Last First Middle _____

_____ Last First Middle _____

Emergency Contact(s): _____ (____) _____
Name Phone

_____ (____) _____

Have you ever submitted an application here before? Yes / No If yes, when? _____

Have you ever been employed or volunteered here before? Yes / No If yes, when? _____

If you have been given a copy of the job description for the position for which you have applied. Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes / No

How did you hear about Birth Choice /ICU Mobile Detroit? _____

Why are you interested in employment/volunteering with us?

AVAILABILITY

Due to the nature of our ministry, no guarantee can be made as to the schedule or the amount of hours worked.

What date are you available to begin work? _____ When can you start training? _____

What days are you available?

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Weekend Church Events (Sat/Sun church services or other events held on weekends)

EDUCATION

Please circle highest grade completed:

High School: 9 10 11 12 College: 13 14 15 16 16+

School Type	School Name	City, State	Major/Subject	# Yrs Attended	Graduate
High School					Y / N
Vocational/Technical					Y / N
College/University					Y / N

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Are you currently working for this employer? Yes / No If yes, may we contact? Yes / No

____ Company Name _____ City _____ State _____ (____) _____
 Phone Number

Dates Employed: From _____ to _____ Job Title _____ Supervisor's Name _____

____ Duties _____
 \$ _____ per _____ Reason for Leaving _____
 Salary (Hour, Week, Month)

SECOND MOST RECENT EMPLOYER

____ (____) _____

Company Name _____ City _____ State _____ Phone Number _____

Dates Employed: From _____ to _____ Job Title _____ Supervisor's Name _____

Duties _____

\$ _____ per _____ Reason for Leaving _____
 Salary (Hour, Week, Month)

THIRD MOST RECENT EMPLOYER

Company Name _____ City _____ State _____ (_____) _____
 Phone Number

Dates Employed: From _____ to _____ Job Title _____ Supervisor's Name _____

Duties _____

\$ _____ per _____ Reason for Leaving _____
 Salary (Hour, Week, Month)

BACKGROUND

As a condition of employment/volunteering all employees must pass back ground check and drug testing
 List states *and* counties of residence for the past seven (7) years:

State _____ County _____ State _____ County _____

State _____ County _____ State _____ County _____

For Volunteer Drivers:

Have you had any moving traffic violations? Yes / No If yes, please describe: _____

Have you been convicted of a felony or misdemeanor in the past seven (7) years? Yes / No If yes, please describe:
 Incident _____ City/State _____ Result _____

- 1) _____
- 2) _____

REFERENCES (Do not include relatives)

Please complete all four references (two professional/two personal). Your application will not be considered unless these references are provided.
 Since we will contact your references, please notify them in advance.

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)	H () W ()	AM / PM AM / PM		
2)	H () W ()	AM / PM AM / PM		
3)	H () W ()	AM / PM AM / PM		
4)	H () W ()	AM / PM AM / PM		

Church currently attending: _____ Phone() _____

Address: _____ City: _____ State: _____ Zip: _____

May we contact your Priest/Pastor? YES NO

Name: _____ Phone() _____

Are you a Christian? YES NO What does it mean to be a Christian? _____

INTEREST/SKILLS: (Indicate those that are appropriate with a check mark)

Administrative Skills: ___office ___program ___communications ___fundraising __

Clerical Skills: ___Data Entry ___filing _____computer mailings

___Copy/assembling/collating ___bookkeeping ___statistics ___other

Communication skills: ___public speaking ___journalism ___newsletter ___research ___acting ___artistic ___fundraising

___trainer ___telephone solicitation ___publishing ___other

Client Services: ___peer counseling ___mentor ___medical ___group facilitator

___Instructor ___furniture distribution ___housing ___other

Other: ___Driver ___Pit Crew (mobile maintenance) ___Mentor

List your personal strengths: _____

List your personal weaknesses: _____

Have you had personal experience with adoption or abortion? YES NO

Explain _____

APPLICANTS FOR CLIENT CONTACT POSITIONS, PLEASE CONTINUE

Rate your personal knowledge in the following areas on a scale from 1-10 (10 being the highest)

Abortion ___ Fetal Development ___ Adoption ___ Parenting ___

How would you counsel a sexually active single? _____

Under what circumstances would you consider premarital sexual activity acceptable?

When the couple is in love? ___ When the couple is engaged? ___ When both over 21? ___

When one of the parties has been previously married? ___ Never ___ Other ___

How would you counsel an individual considering an abortion? _____

Under what circumstances would you consider abortion for a woman faced with a crisis pregnancy?

Never an option ___ In cases of rape or incest ___ In cases of severe psychological stress ___

When the life of the mother is in danger ___ Other ___



How would you counsel someone spiritually? _____

Write your personal testimony _____

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

*I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND **BIRTH CHOICE SERVICES Inc. dba Image Clear Ultrasound.** IS TERMINABLE AT-WILL, SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT/VOLUNTEER RELATIONSHIP MUST BE MADE IN WRITING.*

APPLICANT SIGNATURE

DATE