



## EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Position Sought \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Number and Street City State Zip code

Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_ Are you over 18 years old? \_\_\_Yes \_\_\_No

Are you legally eligible for employment in the United States? *(If offered Employment, you will be required to provide documentation to verify eligibility.)* \_\_\_ Yes \_\_\_ No

Have you ever been convicted of a crime other than a minor traffic offence? *(including while in the military)* \_\_\_Yes \_\_\_No

If yes, explain: \_\_\_\_\_

**Education:** REFER TO PROVIDED RESUME \_\_\_\_\_

High School: Number of years completed (*circle one*) 1 2 3 4 Diploma: \_\_\_Yes \_\_\_No G.E.D.: \_\_\_Yes \_\_\_No  
School \_\_\_\_\_

College and/or Vocational School: Number of years completed (*circle one*) 1 2 3 4 5 6 7

School(s) \_\_\_\_\_ Address \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned (Date) \_\_\_\_\_

Describe other training or degrees: \_\_\_\_\_

**Employment History:** List most recent employment first. May we contact your present employer? \_\_\_Yes \_\_\_No

REFER TO PROVIDED RESUME \_\_\_\_\_

Employer \_\_\_\_\_ Date of employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Position/Duties \_\_\_\_\_

Telephone \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor name \_\_\_\_\_ Reason for leaving \_\_\_\_\_

What is your salary expectations? \_\_\_\_\_

### Additional Information:

1. What is your reason for seeking employment here? \_\_\_\_\_  
\_\_\_\_\_

2. What special skills, talents, gifts or personality traits would you bring to the Eden Clinic?  
\_\_\_\_\_

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3. This organization is a pro-life Christian medical clinic. Our faith in Jesus Christ motivates us to not only treat the body, but also the emotional and spiritual aspects of our patients. If hired, please write a brief statement about how you would apply your faith in treating patients at Eden.

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**References:**

Please provide two employment references and two personal references (*including your pastor*):

Name	Address	Phone #	Years Acquainted	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**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 my prospective employer to verify their accuracy and to obtain reference information on my work performance and character. I give permission to my prospective employer to conduct a criminal background check to the extent that the position for which I am applying may involve interaction with minors. I release my prospective employer 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 my prospective employer. 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 my prospective employer 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 Eden Clinic's Statement of Faith and Statement of Principle.

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

PERMISSION TO PERFORM BACKGROUND CHECK

I hereby allow The Eden Clinic, Inc. to perform a check on my background, including:

- Criminal Record
- Past Employment History
- Personal References
- Past Volunteer Experience

Please list all legal names you have gone by:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security#: \_\_\_\_\_

as appropriate for the position in which I express an interest.

I understand that I do not have to agree to this background check, but that refusal will exclude me from consideration as an Eden Clinic Staff or Volunteer.

This information is of a confidential nature, and as such will not be shared with other personnel except for those involved in this specific volunteer position. All information collected will be kept confidential.

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **STATEMENT OF PRINCIPLE**

The Eden Clinic is an outreach ministry of Jesus Christ through His church. Therefore, the clinic, embodied in its volunteers, is committed to presenting the Gospel of our Lord to women with crisis pregnancies both in word and in deed. Commensurate with this purpose, those who labor as clinic board members, directors and volunteers are expected to know Christ as their Savior and Lord.

The Eden Clinic is committed to providing clients with accurate and complete information about both prenatal development and abortion.

The Eden Clinic is committed to integrity in dealing with clients, earning their trust and providing promised information and services. The clinic denounces any form of deception in its corporate advertising or individual conversations with clients.

The Eden Clinic is committed to assisting women to carry to term by providing emotional support and practical assistance. Through the provision of God's people and the community at large, women may face the future with hope, and plan constructively for themselves and their babies.

The Eden Clinic does not discriminate in providing services because of race, creed, color, national origin, age or marital status of its clients.

The Eden Clinic does not recommend, provide, or refer for abortion or abortifacients.

The Eden Clinic is committed to creating awareness within the local community of the needs of pregnant women, and of the fact that abortion only compounds human need rather than resolving it.

The Eden Clinic recognizes the validity of adoption as one alternative to abortion, but is not biased toward adoption when compared of other life-saving alternatives. The Eden Clinic is independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. The Eden Clinic receives no payment of any kind from these agencies, does not enter into contractual relationships with them, and does not share combined office space. The Eden Clinic neither initiates nor facilitates independent adoptions.

## **STATEMENT OF FAITH**

- We believe the Bible to be the inspired, the only infallible, authoritative Word of God
- We believe that there is one God, eternally existent in three persons; Father, Son and Holy Spirit.
- We believe in the deity of our Lord Jesus Christ, in his virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential, and that this salvation is received through faith in Jesus Christ as Savior and Lord and not as a result of good works.
- We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life and to perform good works.
- We believe in the resurrection of both the saved and the lost, they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

## **MISSION STATEMENT**

The Eden Clinic is a Christ-centered organization that empowers women with alternatives to abortion and promotes responsible sexuality, parenting education and post abortion support.