

# APPLICATION FOR EMPLOYMENT

Women's Resource Medical Centers of Southern Nevada  
1701 W Charleston Blvd Suite 130  
Las Vegas, Nevada 89102



Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How were you referred to WRMCSN? \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone ( \_\_\_\_ ) \_\_\_\_\_ E-mail address \_\_\_\_\_

If necessary, the best time to call you at home is \_\_\_\_ : \_\_\_\_  a.m.  p.m.

May we contact you at work?  Yes  No

If yes, work number ( \_\_\_\_ ) \_\_\_\_\_ Best time to call \_\_\_\_ : \_\_\_\_  a.m.  p.m.

Have you ever been employed here before?  Yes  No

If yes, please give date(s) \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Desired salary range \$ \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary

Are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime if required?  Yes  No

If no, please explain \_\_\_\_\_

Have you ever been bonded?  Yes  No

Briefly state what makes you interested in working with the WRMCSN

Have you ever attended a WRMCSN volunteer training seminar?  Yes  No

If no, would you be willing to attend such a seminar?  Yes  No

WRMCSN is a volunteer based, donor supported organization. Every employee is expected to participate in the fundraising and volunteer recruitment efforts.

If employed with WRMCSN, would you commit to participate?  Yes  No

Describe **current and past** positions held or services performed for other non-profit organizations or ministries.

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**EDUCATION**

**High School or last grade completed**

Name of school \_\_\_\_\_

Address of school \_\_\_\_\_  
STREET CITY STATE ZIP

Course of study \_\_\_\_\_ Number of years completed \_\_\_\_\_

Degree/Diploma \_\_\_\_\_

**College or Technical School**

Name of school \_\_\_\_\_

Address of school \_\_\_\_\_  
STREET CITY STATE ZIP

Course of study \_\_\_\_\_ Number of years completed \_\_\_\_\_

Degree/Diploma \_\_\_\_\_ Graduation date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Other Schooling or Training**

Name of school \_\_\_\_\_

Address of school \_\_\_\_\_  
STREET CITY STATE ZIP

Course of study \_\_\_\_\_ Number of years completed \_\_\_\_\_

Degree/Diploma \_\_\_\_\_ Graduation date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Other Schooling or Training**

Name of school \_\_\_\_\_

Address of school \_\_\_\_\_  
STREET CITY STATE ZIP

Course of study \_\_\_\_\_ Number of years completed \_\_\_\_\_

Degree/Diploma \_\_\_\_\_ Graduation date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MILITARY EXPERIENCE**

Branch of service \_\_\_\_\_ Dates of service \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Rank/Type of service \_\_\_\_\_

Job-related training/experience \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Provide the following information of your past and current employers, assignments or volunteer activities, beginning with the most recent. Explain any gaps in employment in the comments section below.

Employer \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Position title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of employment \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact for a reference?  Yes  No

Employer \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Position title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of employment \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact for a reference?  Yes  No

Employer \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Position title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of employment \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact for a reference?  Yes  No

Comments (including explanation of any gaps in employment) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, gifts, experience, licenses/certificates.

\_\_\_\_\_  
\_\_\_\_\_

**GENERAL INFORMATION**

In this section, please make a general evaluation of your knowledge in the following areas:

Knowledge of how abortions are performed/methods used to perform abortion.

- Excellent       Good       Fair       Poor

Knowledge of existing laws regulating abortion.

- Excellent       Good       Fair       Poor

Knowledge of what the Bible teaches concerning the sanctity of human life.

- Excellent       Good       Fair       Poor

Under what circumstances, if any, is abortion justifiable, in your opinion? Please explain.

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What questions would you like to have someone address concerning abortion and/or the sanctity of human life?

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When do you feel sexual intercourse is morally permissible? Please explain.

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Are you uncomfortable with any aspect of the WRMCSN Statement of Faith or Statement of Principle?

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Do you consider yourself a Christian?     Yes     No

What is a Christian? \_\_\_\_\_

How long have you been a Christian? \_\_\_\_\_

Please describe how you came to know Christ as your personal Savior and Lord. \_\_\_\_\_

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How has your life changed since your personal relationship with Jesus Christ began? \_\_\_\_\_

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Please provide information about your local church:

Church Name \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Senior Pastor's Name \_\_\_\_\_

Denominational ties, if any \_\_\_\_\_

How long have you been involved in your church? \_\_\_\_\_

Are you currently in a Bible study?     Yes     No    If yes, how long? \_\_\_\_\_

**REFERENCES**

**Work-related References**

*Please list the names and addresses of two work-related references.*

Name \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Name \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

**Character References**

*Please list the names and addresses of two character references.*

Name \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Name \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

**STATEMENT**

*Please read this statement carefully before signing this application:*

I understand that employment with Women’s Resource Medical Centers of Southern Nevada (the Organization) is at-will, meaning that I or the Organization may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Organization to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand this application will be active for a period of six months. After that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of applicant \_\_\_\_\_ Date signed \_\_\_\_/\_\_\_\_/\_\_\_\_  
FOR ELECTRONIC SUBMISSION, PLEASE TYPE YOUR NAME ABOVE IN LIEU OF SIGNATURE