



SAVING MOSES®

saving babies every day

EMPLOYMENT APPLICATION

PLEASE TYPE, OR PRINT CLEARLY WITH A PEN. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position you are applying for: _____

GENERAL INFORMATION

Name: _____	Date: ____/____/____
Address: _____	Apt: _____
City: _____	State: _____ Zip: _____
Telephone: (____) _____	Email: _____

How did you hear about this opportunity?

<input type="checkbox"/> Word of Mouth/ Referral	<input type="checkbox"/> Craigslist	<input type="checkbox"/> Brochure or Flyer
<input type="checkbox"/> Website	<input type="checkbox"/> University/ College	<input type="checkbox"/> Other: _____

How important are the following factors in considering a position at Saving Moses?

I want to work for a global humanitarian organization that addresses the needs of children.	<input type="checkbox"/> Most Important <input type="checkbox"/> Very Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Not Important
I want to work for an organization that has Christian values.	<input type="checkbox"/> Most Important <input type="checkbox"/> Very Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Not Important
I believe that Saving Moses will help me achieve my professional goals.	<input type="checkbox"/> Most Important <input type="checkbox"/> Very Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Not Important

Date Available for Employment: ____/____/____ Requested Salary: _____	
Have you applied to work at Saving Moses before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently looking for _____ employment. If part time, please indicate number of desired hours/ week.	<input type="checkbox"/> Part Time; Number of Hours/ week _____ <input type="checkbox"/> Full Time
Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a misdemeanor and/or felony offense? (If yes, please provide date of conviction, offense and explain) <i>A yes answer does not automatically disqualify you from employment, since the nature of the offense and the type of job for which you are applying will be considered</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ _____
Have you ever been discharged or asked to resign from a job? If yes, please explain.	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ _____
Have you ever been investigated by any governmental agency for any form of abuse, including complaints or allegations of child abuse or molestation, regardless of whether the complaints were ultimately prosecuted or not? If yes, what was the nature of your offense (be specific)?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ _____

EDUCATION HISTORY

High School/ College University	City/ State	Degree	GPA	Year Graduated

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

List all licenses, certificates, and/or professional, trade, business, or civic activities and offices held that may qualify you to perform job-related functions in the position for which you are applying:

License/ Certificate	State	Professional Activities

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of employment. If self-employed, give company name and supply business references.

Employer:	Address:	Supervisor: Phone: Email:
Employed From/ To:	Position Title:	Saving Moses may contact for reference? Yes/No
Duties:	Reason for Leaving:	Salary (start/ final):

Employer:	Address:	Supervisor: Phone: Email:
Employed From/ To:	Position Title:	Saving Moses may contact for reference? Yes/No
Duties:	Reason for Leaving:	Salary (start/ final):

Please attach a resume if you have had more than two employers OR if employment history listed above is less than two years. NOTE: The above information (including pay) must be completed even if attaching a resume.

PROFESSIONAL REFERENCES

List three professional references (not relatives or former employers)

Name:	Email Address:	
Relationship:	Phone:	Years Known:

Name:	Email Address:	
Relationship:	Phone:	Years Known:

Name:	Email Address:	
Relationship:	Phone:	Years Known:

ESSAY

Please use the space provided to answer the following question:

<p>What can you uniquely contribute to Saving Moses?</p>

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigation consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all-medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I will be required to undergo a criminal background investigation which may include fingerprint screening. I understand that I will be given a copy of the report if an adverse response is received from the background investigation.

I understand I may be required to pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT THE COMPANY CAN CHANGE WAGES, BENEFITS AND CONDITIONS AT ANY TIME. IF I AM HIRED, MY EMPLOYMENT WILL BE EMPLOYMENT-AT-WILL UNDER COLORADO LAW, AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ **Date:** _____

This application for employment will remain active for a limited time.

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.