



StandUpGirl.com
FOUNDATION
changing the heart of an entire generation

4335 River Rd. North
 Keizer, OR 97303
 www.standupgirlfoundation.org
 503-304-1531

APPLICATION FOR EMPLOYMENT/VOLUNTEER POSITIONS

Application Instructions: Please complete all items in this application. If a question does not apply to you, insert "N/A" in the space provided. You may use additional sheets of paper to expand on any question. If you have already answered a question in a resume' or cover letter, simply refer to the appropriate document in the space provided.

| APPLICANT INFORMATION | | | | | | | | | |
|--|----|--|------------------------------|------------------------------|--|------------------|--|------------------------------|-----------------------------|
| Last Name | | | First | | | M.I. | | DOB: | |
| Street Address | | | | | | Apartment/Unit # | | | |
| City | | | | State | | ZIP | | | |
| Phone | | | | E-mail Address | | | | | |
| Date Available | | | | Desired Salary | | | | | |
| Are you a citizen of the United States? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you holding or have you already signed a contract for next year with another employer? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes please explain: | | | | |
| Have you ever worked under a different name for any of the employers you've listed? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes please explain: | | | | |
| EDUCATION | | | | | | | | | |
| High School | | | Address | | | | | | |
| From | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Diploma | | | |
| College | | | Address | | | | | | |
| From | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |
| Post College | | | Address | | | | | | |
| From | To | | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |

PREVIOUS EMPLOYMENT

| | | | |
|--|----|------------------------------|-----------------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | | | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| | | | |
|--|----|------------------------------|-----------------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | | | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| | | | |
|--|----|------------------------------|-----------------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | | | |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

PROFESSIONAL REFERENCES

If previous supervisors are not able to provide a reference, please give 3 references that are qualified to speak about your professional training and experience.

| | | | |
|-----------|--|--------------|--|
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |

VOLUNTEER HISTORY

| | |
|---------------------|------------|
| Organization | Phone |
| Address | Supervisor |
| Job Title | |
| Responsibilities | |

| | | |
|------|----|--------------------|
| From | To | Reason for Leaving |
|------|----|--------------------|

May we contact your previous supervisor for a reference? YES NO

| | |
|---------------------|------------|
| Organization | Phone |
| Address | Supervisor |
| Job Title | |
| Responsibilities | |

| | | |
|------|----|--------------------|
| From | To | Reason for Leaving |
|------|----|--------------------|

May we contact your previous supervisor for a reference? YES NO

| | |
|---------------------|------------|
| Organization | Phone |
| Address | Supervisor |
| Job Title | |
| Responsibilities | |

| | | |
|------|----|--------------------|
| From | To | Reason for Leaving |
|------|----|--------------------|

May we contact your previous supervisor for a reference? YES NO

PERSONAL REFERENCES

If previous supervisors are not able to provide a reference, please give 3 references that are qualified to speak about your pro-life experience. Please do NOT use family members as references.

| | |
|-----------|--------------|
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |
| Full Name | Relationship |
| Company | Phone |
| Address | |

ADDITIONAL QUESTIONS - USE ADDITIONAL PAPER IF NEEDED

1) How long have you been pro-life and what things influenced you to believe in this position?

2) After reading the *Job Description* are there any duties that you may not be able to perform?
Please be specific. YES NO

3) Do you have any personal commitments that might limit your ability to perform the duties described?
Please be specific. YES NO

I understand that StandUpGirl.com Foundation does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age, or qualified disability.

I understand that employment with StandUpGirl.com Foundation is at will. This means that employment can be terminated, with or without cause, and with or without notice, at any time, at the option of StandUpGirl.com Foundation or at the option of the employee.

I understand that this is only an application for employment and that no employment relationship is being offered at this time.

I hereby certify that the facts set forth in this application process are true and complete to the best of my knowledge. I understand that falsification of any statement or a significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate termination regardless of the time elapsed before discovery. If I am terminated under these circumstances, I further understand and agree that I will be paid and receive benefits only through the day of release, as required by law.

I certify that I have carefully read and understand the statements above.

Applicant's Name (Please Print)

Applicant's Signature

Date