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Employment Application

The following information is helpful in selecting/assigning roles, planning training, and collecting data for evaluation.* Any information you choose to provide will be kept confidential. Placement will be made only after an interview when both parties can ask and answer questions. Prior to that, please help us get to know you.

Name: ☐Miss ☐Ms. ☐Mrs. ☐Mr. ☐Other _____

First _____ Middle _____ Last _____

Nickname _____ Former name(s) used _____

Address: Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ What is the best way for you to be reached? _____

Permanent Address (if different than above): _____

City _____ State _____ Zip _____

How did you hear about Abria? _____

Do you have any previous affiliation with Abria? ☐ No ☐ Yes If yes, please indicate affiliation: _____

Education (please complete where appropriate):

	Enrolled	Graduated (yr)	Course of Study (major/minor)	Name of Institution
High School or GED Certificate Program				
Vo-Tech				
College				
Post Graduate Study				

Other Education (please explain): _____

Employer Name (current): _____

Address _____ Work Phone _____

Position _____ Email (optional): _____

☐ Part Time ☐ Full Time Length of Employment (yrs) _____

Previous employment experiences: _____

**Abria Pregnancy Resources takes seriously our duty to protect the confidentiality of your private identifying information.
We will not share such information with anyone outside of the center without your written permission.*

Please indicate friends or family connected to *Abria Pregnancy Resources*:

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>
<i>Name</i>	<i>Relationship</i>

Please describe your organization affiliations and any previous work experience _____

Please indicate the specific time(s) and day(s) you would be available to be scheduled:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Why do you want to work at Abria? _____

Have you ever counseled or helped anyone who has considered an abortion? ☐ No ☐ Yes

If yes, please explain: _____

Please indicate your thoughts and feelings about the following: *(Feel free to use an additional sheet if you wish to elaborate).*

- Pregnant unmarried teenage girls _____
- An abortion-minded woman _____
- Abortion in cases of rape, incest, or fetal deformity _____
- A woman who has had an abortion _____
- Adoption _____
- Contraception _____

My signature below indicates that the information that I have included in this Employment Application is true and accurate to the best of my knowledge. I understand that submitting this form is not a guarantee of placement as an employee of Abria Pregnancy Resources, and that placement will be made only after an interview and other background screening, including a criminal background check through the Bureau of Criminal Apprehension. I agree that Abria Pregnancy Resources may use the information provided on this form to conduct such background screening. Finally, I understand that my position will require training prior to being allowed to start serving in that position.

Signature _____ Date _____

Abria Pregnancy Resources Statement of Core Values

To provide consistent and effective services to our clients, staff, volunteers and board members must agree with our core values. It is vital that our personnel have the understanding that all people are made in the image and likeness of God and that every individual has the right to life from the moment of conception until natural death.

As personnel of Abria Pregnancy Resources, I agree to follow and promote these core values of Abria Pregnancy Resources*:

- We are advocates for the unborn, their mothers, and family.
- Life begins at conception.
- Abortion is always morally wrong; we will not refer for abortion.
- We will not encourage the use of or refer for hormonal, barrier, or sterilization methods of contraception (birth control):
 - Unmarried men and women are counseled to choose chastity (abstinence).
 - Married couples seeking assistance with family planning are encouraged to practice Natural Family Planning (NFP) and chastity.
- God creates each person as male and female, and these distinct, complementary genders are unchangeable.
- Marriage is established by mutual consent between one man and one woman.
- Clients are to be treated with compassion, sensitivity, and respect without judgement of their beliefs and values.
- All information confided by clients will be kept confidential with the exception of statutory requirements for reporting abuse or neglect of a minor.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

*derived from the teachings of the Roman Catholic Church