



RDMS EMPLOYMENT APPLICATION

Date: _____

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____ Email: _____

Do you require sponsorship to work in the U.S.: ☐ YES ☐ NO

Are you over the age of 18? ☐ YES ☐ NO

Emergency Contact: _____ Phone: _____

Position(s) Applying For: _____

EDUCATION

Type of School	Name of School	Address	Number of Years Completed?	Major/Degree
High School				
College				
Trade School				
Graduate School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ YES ☐ NO

If yes, explain the number of convictions, the nature of the offense(s) leading to the conviction(s), how recently was/were the offense(s) committed, sentence(s) imposed, and type(s) of rehabilitation.



Please list three individuals, **one from your pastor (or someone your pastor designates), and two from individuals (not related to you) who have knowledge of your personal and professional abilities and character.** (We will send a referral letter upon receipt of your application therefore name and email are required).

Name: _____ Name: _____
Relationship to you: _____ Relationship to you: _____
Email: _____ Email: _____
Phone: _____ Phone: _____

Pastor/Pastor Designee: _____
Church: _____
Email: _____ Phone: _____
How long have you attended? _____ How are you involved in church? _____

EMPLOYMENT HISTORY

Please list your work experience starting with your most recent employer.

Employer Name Address and Phone Number	Name of Last Supervisor	Employment dates	Pay
		From:	Start:
		To:	End:
		Last Job title:	
Job Duties and Responsibilities:		Reason for Leaving:	

Employer Name Address and Phone Number	Name of Last Supervisor	Employment dates	Pay
		From:	Start:
		To:	End:
		Last Job title:	
Job Duties and Responsibilities:		Reason for Leaving:	

Employer Name Address and Phone Number	Name of Last Supervisor	Employment dates	Pay
		From:	Start:
		To:	End:
		Last Job title:	
Job Duties and Responsibilities:		Reason for Leaving:	

Employer Name Address and Phone Number	Name of Last Supervisor	Employment dates	Pay
		From:	Start:
		To:	End:
		Last Job title:	
Job Duties and Responsibilities:		Reason for Leaving:	

Please list any additional skills, qualifications, certifications, or training that you feel is relevant to this position (e.g., speak a foreign language, CPR, or other training or special education).			

For Nurses Only

Specialty: Check all that apply		
☐ Medical	☐ OB/GYN	☐ Surgical
☐ Pediatrics	☐ Labor & Delivery	☐ Other
☐ Case Management	☐ School Nurse	
☐ Director of Nursing	☐ Family Practice	

Experience

☐ less than a year	☐ 1-3 years	☐ 3-5 years	☐ More than 5 years
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Do you have a current license?: ☐ YES ☐ NO

If so, In which states?

Has your RDMS license ever been suspended or revoked? ☐ YES ☐ NO

Have you ever been disciplined for being unprofessional or unethical nursing to include abuse or neglect?

☐ YES ☐ NO If yes, explain: _____

Have you previously volunteered or applied at a pregnancy help center? ☐ YES ☐ NO

If yes, give dates and name of center and in what capacity: _____

How did you hear about Paulding Pregnancy Services? _____

CHRISTIAN COMMITMENT

Affirmation of Faith: As Paulding Pregnancy Services (PPS) is a medical clinic, governed by Biblical principles, a “personal profession” of having received Jesus Christ as Savior and Lord is required for all staff and volunteers. Each new staff or volunteer will signify his or her agreement with the PPS Statement of Faith by providing a signed affirmation to that effect. A copy will be placed in his or her file. Agreement with the Statement of Faith and Statement of Principle at all times is required for continued employment and volunteering.

In accordance with Hebrews 10:24-25, current, active fellowship and accountability in a local church is expected of each staff member and volunteer. Staff and volunteers are expected to attend church regularly as well as participate in other Christ-centered activities such as Bible study groups or outreach programs.

Because PPS is an interdenominational Christian organization, would you be willing to work and cooperate with other Christians whose doctrines may differ from your own? ☐ YES ☐ NO

How long have you been a follower of Christ? (You will be asked to share more about your faith journey during an interview.) _____



Briefly explain the plan of salvation:

Have you ever had the opportunity to counsel anyone experiencing an unplanned pregnancy? ☐ YES ☐ NO

If YES, please explain:

PERSONAL

Have you personally experienced an unplanned pregnancy? ☐ YES ☐ NO

Have you experienced an abortion or been involved with an abortion decision in your past? ☐ YES ☐ NO

If you answered YES, to either of the above questions, how do you feel this could help you counsel other clients who are experiencing an unplanned pregnancy? _____

What type of healing have you received in relation to your abortion(s) or involvement in an abortion decision?

What are your views on abortion? Do you believe there are any exceptions? _____



STATEMENT OF PRINCIPLE

1. PPS is an outreach ministry of Jesus Christ through His church. Therefore, PPS, embodied in its staff, is committed to presenting the Gospel of our Lord to women with unplanned pregnancies both in word and deed. Commensurate with this purpose, those who labor as pregnancy care center board members, directors, staff, and volunteers are expected to know Christ as their Savior and Lord.
2. PPS is committed to providing its clients with accurate and complete information about both prenatal development and abortion.
3. PPS is committed to integrity in dealing with clients, earning their trust, and providing promised information and services. PPS denounces any form of deception in its corporate advertising or individual conversations with its clients.
4. PPS 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 face the future with hope and plan constructively for themselves and their babies.
5. PPS does not discriminate in providing services because of race, ethnicity, religious affiliation, age, or marital status of its clients.
6. PPS does not recommend, provide, or refer for abortion or abortifacients.
7. PPS offers assistance free of charge at all times.
8. PPS does not engage in or condone "rescue" or protest activities at abortion clinics.
9. PPS upholds the Biblical foundation of sexual integrity and marriage. That sex is to be saved for the marriage covenant between one biological man and one biological woman.
10. PPS 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.
11. PPS does not recommend, provide, or refer contraceptives to single women. Married women seeking contraceptive information should be urged to seek counsel, along with their husbands, from their pastor and physician.
12. PPS recognizes the validity of adoption as one alternative to abortion, but it is not biased toward adoption when compared with other life-saving alternatives. Centers are independent of adoption agencies, relating to them in the same manner as to other helpful referral sources. PPS receives no payment of any kind from these agencies, does not enter in contractual relationships with them and does not share combined office space. Adoption agencies are not established under the auspices of centers. PPS neither initiates nor facilitates independent adoptions, though they may refer for independent adoptions in states where it is legal.

_____ Initials

STATEMENT OF FAITH

Adapted from the National Association of Evangelical's statement of faith

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.
2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. 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.
4. 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.
5. 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.
6. 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.
7. We believe in the spiritual unity of believers in our Lord Jesus Christ.

_____ Initials



PERSONAL SEXUAL INTEGRITY COMMITMENT

In an age where secular society is increasingly confused about sexual identity and sexual purity, Paulding Pregnancy Services believes it is important that it be clear with its staff and volunteers about its expectation that they uphold the highest standards of Biblical purity in their interpersonal relationships.

Without a clear understanding of sexual identity and consistent practice of sexual purity by PPS staff and volunteers, our ministry cannot be an effective agent of the healing power of Jesus Christ to the victims of sexual confusion in our world.

We believe that God's design for the gift of sexuality is that it is to be exercised and enjoyed only within the covenant relationship of marriage between one man and one woman. It is God's intention that those who enter marriage shall seek, in mutual love and respect, to live in Christian fidelity as long as both shall live.

We believe God has expressly condemned sexual intercourse outside of the marriage covenant. This prohibition applies to married persons committing adultery, to sexual relationships between unmarried men and women, and because God's order intends the sexual relationship be between male and female, this prohibition extends to the homosexual practice because it is God's expectation that the unmarried shall live pure and celibate lives, refraining from sexual intimacy.

Because of the serious consequences confused sexuality and unrepentant sexual sin can have on the ministry of PPS, staff and volunteers who disagree with this policy or who do not conform their conduct to it are expected to resign or they will be terminated. Individuals applying for positions with PPS must acknowledge their agreement with this policy and commitment to abide by it.

_____ Initials



PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Paulding Pregnancy Services, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position shall serve to create an actual or implied contract of employment with Paulding Pregnancy Services, or to confer any right to remain an employee of Paulding Pregnancy Services, or otherwise to change in any respect the employment-at-will relationship between Paulding Pregnancy Services and the undersigned. Both the undersigned and Paulding Pregnancy Services may end the employment relationship at any time. _____ (initials)

I further understand that my employment with the company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary or thereafter, my employment relationship with Paulding Pregnancy Services is terminable at will for any reason by either party. _____ (initials)

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Paulding Pregnancy Services permission to contact schools, all previous employers (unless otherwise indicated), references, and perform a criminal background check. I hereby release Paulding Pregnancy Services from any liability as a result of such contact. _____ (Initials)

Signature of Applicant: _____ Date: _____

Thank you for completing this application form and your interest in our organization.