



TEMPORARY CS NURSE SUPPLEMENTAL EMPLOYEE INFORMATION

Please complete in full
Please type or print plainly

PERSONAL AND CONFIDENTIAL

THIS FORM MUST BE COMPLETED IN ADDITION TO THE GENERAL
LYNN HOUSE APPLICATION FOR EMPLOYMENT.

NOTE: TEMPORARY SERVICE AT LYNN HOUSE DOES NOT
GUARANTEE THAT YOU WILL BE HIRED AS A REGULAR EMPLOYEE

Date: _____

Name: _____
Last First Middle

Have you worked for Lynn House previously? _____ If yes, when _____
and in what capacity? _____

As a temp Christian Science nurse, when would you be available to work for us: from when to when? _____ to _____.

Are you willing to work all shifts? _____ Is there any reason why you would not be able to work all three shifts please provide a detailed explanation as to why:

Are you working through any challenges that would limit your ability to perform all necessary job functions? _____ If yes, please explain:

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Please tell us about your Christian Science nursing education, including Where, When and What levels of training and types of program/classes you completed. _____

Are you currently listed in *The Christian Science Journal*? _____

Have you ever been? _____ If so, When? _____

What Christian Science nursing experience have you had in the last 5 years? Please share the type of care you have provided, and in what settings: _____

Please share a recent healing from your own experience that shows your commitment to Christian Science.

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Please list at least three references who can speak to your skills and experience in the position for which you are applying. These references must not be related to you and they must be individuals you have worked with within the last two years. It is preferable that they be an employer, a supervisor, or a Director of Christian Science Nursing. You may also attach a references sheet if you wish.

PROFESSIONAL REFERENCES

Name, Job Title and Occupation	Address	Phone Numbers

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CHRISTIAN SCIENCE INFORMATION

1. Membership in The Mother Church _____ Date joined _____
Branch Church _____ Date joined _____
Committees served on _____

2. Have you had Christian Science Primary Class Instruction: _____ If yes: Year _____
C.S. Teacher _____
(not required information)
3. How often do you study the C.S. Bible Lesson? _____
4. Which C.S. periodicals do you subscribe to? _____

5. Have you had any medical diagnosis or treatment in the past 3 years? _____
6. Have you worked for a medical professional in the last 5 years? _____
7. Do you drink alcoholic beverages, use tobacco products, or sell or use drugs of any kind? ____
If yes, or if you have only recently ceased any of these activities, please explain:

8. Do you rely on any means other than Christian Science prayer for healing? (i.e., holistic, any therapy, New Age, Diet or Nutrition based therapy etc. If yes, please explain: _____

PLEASE READ AND SIGN BELOW

I solemnly affirm that the facts set forth in my application for temporary employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this is an application, and is not nor intended to be a contract for employment, nor does this application obligate the employer in any way if the employer decides to employ me on a temporary basis. The only parties with authority to enter into any agreement for employment are the Director of Christian Science Nursing and the Executive Director of Lynn House of Potomac Valley.

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Signature

Date