



**APPLICATION
FOR EMPLOYMENT AS A
CHRISTIAN SCIENCE NURSE**

Please complete in full
Please type or print plainly

PERSONAL AND CONFIDENTIAL

Date: _____

Name: _____
Last First Middle

Social Security No. _____ Date of Birth: _____

Present address: _____
No. Street City State Zip

Home phone: _____ Work phone: _____ Cell phone: _____

Are you legally eligible for employment in the U.S.A.? Yes ___ No ___ Over age 18? ___

Have you ever been convicted of what is called a felony "barrier" crime? This includes all Class A felonies and crimes against vulnerable populations? ___ If yes, please state when, where, and describe in full _____

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

Are you seeking temporary employment? ___ If yes, please complete the Temporary Christian Science Nurse application form.

Are you seeking full time, regular ___ employment?

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:

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

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 EMPLOYMENT 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 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 regular 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.

Signature

Date