





# TEMPORARY EMPLOYEE INFORMATION

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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

<b>Name, Job Title and Occupation</b>	<b>Address</b>	<b>Phone Numbers</b>

# TEMPORARY EMPLOYEE INFORMATION

## 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 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date