

APPLICATION FOR CSNA I

(CS required)



691 Sparta Drive, Encinitas, CA 92024

SUNLAND'S MISSION STATEMENT

The MISSION of Sunland Home Foundation is to provide proper care in an atmosphere where those relying on Christian Science for healing can lift their thought above the illusion of life in matter into the understanding of man's oneness with our Father-Mother God.

These services shall be consistent with ARTICLE VIII, Section 31, of the *Manual of The Mother Church, The First Church of Christ, Scientist, in Boston, Massachusetts*, by Mary Baker Eddy.

PERSONAL INFORMATION

Date _____

NAME (FIRST, LAST)		SOCIAL SECURITY NO.	
ADDRESS			
CITY	STATE	COUNTRY	ZIP CODE
PHONE NO. ()	CELL PHONE NO. ()		DATE OF BIRTH
EMAIL ADDRESS			
ARE YOU WILLING TO UPHOLD SUNLAND'S MISSION STATEMENT AS GIVEN ABOVE? PLEASE COMMENT			
IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY?			<input type="radio"/> YES <input type="radio"/> NO

GENERAL INFORMATION

PLEASE DESCRIBE IN DETAIL THE SPECIAL TRAINING AND SKILLS THAT YOU HAVE TO SHARE, AND THAT YOU THINK WOULD BENEFIT SUNLAND HOME.

FLUENT LANGUAGES: SPOKEN AND WRITTEN

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY:

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EDUCATION HISTORY

Include Christian Science nurses' training schools and experience, if applicable.

Highest grade completed: 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16

NAME & LOCATION OF SCHOOL	MAJOR STUDY	YEARS ATTENDED

EXPERIENCE & EMPLOYMENT REFERENCES

DATE MONTH AND YEAR	NAME & ADDRESS & PHONE NUMBER OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

PERSONAL REFERENCES

Please list below two people who can serve as current personal references. Please be sure to select individuals who know you well. Please do not list a relative or employer.

NAME		TELEPHONE NO.	
ADDRESS			
CITY		STATE	ZIP CODE
NAME		TELEPHONE NO.	
ADDRESS			

CITY	STATE	ZIP CODE
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RELIGIOUS DATA

Sunland Home Foundation may, by law, apply the test of religious qualification to its training and employment policies. Those who meet this requirement and are otherwise qualified will be hired, promoted, and transferred without regard to their race, national origin, sex, color, age, or handicap.

Church Experience

WHAT YEAR AND MONTH DID YOU JOIN THE MOTHER CHURCH? _____
ARE YOU A MEMBER OF A BRANCH CHURCH OR SOCIETY? <input type="radio"/> YES <input type="radio"/> NO If yes, which one _____ On which committees are you currently serving? _____

1. How did you learn about Christian Science and for how long have you been practicing Christian Science?

Former religion, if any _____

2. Do you study the Bible Lesson on a daily basis? _____

3. Do you own and use the Bible and *Science and Health, Prose Works*, and the *Church Manual* by Mrs. Eddy, as well as concordances to the Bible, Mrs. Eddy's writing and the *Christian Science Hymnal*?

4. Do you subscribe to the Christian Science periodicals? _____

5. Have you had Primary Class? _____ If yes, please give the year in which you had Class, your teacher's name, current address and telephone number, if applicable: _____

6. Do you regularly attend Association meetings? ___ If not, please share your understanding of why Mrs. Eddy made provision for Primary Class Instruction. _____

7. Do you rely radically on Christian Science for healing (no drugs, vitamins, etc)? (See Art. IV, Sec. 1, of the Manual)

8. Morality is essential in Christian Science practice. (SH, 57:1) What is your understanding of the Christian Science standard of morality? _____

Your Calling to Christian Science Nursing

9. Do you presently have a nurturing role in your family? If yes, please describe.

10. Please give specific examples from your experience of ways you are currently fulfilling the Manual By-Law "Christian Science Nurse" and expressing the qualities that Mrs. Eddy describes in Science and Health.

11. What have you learned from your experience of caring for others?

Training in the Christian Science Nursing Arts

12. What motivates you at this time to take the CSNA I class?

13. How will this course help you express more fully the *Church Manual By-Law* "Christian Science Nurse" and the qualities of the Christian Science nurse as specified by Mrs. Eddy in *Science and Health*, pg 395:17-20?

14. We are very interested in your healing work as an expression of "a demonstrable knowledge of Christian Science practice". See Article VIII, Section 31, of the Manual.) Please attach with this application two (2) written testimonials of healings— including one recent physical healing. One report should present a healing in which you acted as the practitioner, either for yourself or another.

Please Read Carefully, Initial Each Paragraph and Sign Below.

_____ I hereby certify that I understand the company is an at-will employer.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for admission to this class and for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment

and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date

Applicant's signature