

# **APPLICATION FOR EMPLOYMENT**

(CS required)



## **SUNLAND'S MISSION STATEMENT**

The mission of Sunland Home Foundation is to provide our community with a haven for healing while providing the highest standard of Christian Science nursing care supported by the practice and demonstration of Christian Science.

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

## **PERSONAL INFORMATION**

Name (First, Middle, Last)			
Address			
City	State	Country	Zip Code
Phone # ( )	Cell Phone # ( )	Are you under the age of 18?	
Email Address			
Are you willing to uphold Sunland's Mission Statement as given above? <input type="checkbox"/> Yes <input type="checkbox"/> No 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="checkbox"/> Yes <input type="checkbox"/> No			

## **EMPLOYMENT DESIRED**

Position	Date you can start?	Desired Salary
Were you previously employed at Sunland? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates:	If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives/friends working at Sunland? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed.		

## GENERAL INFORMATION

Please describe in detail special training and skills you have which would benefit Sunland home.
Fluent languages (spoken and written):
Person(s) to notify In case of an emergency:

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

NAME & LOCATION OF SCHOOL	MAJOR STUDY	YEARS ATTENDED

## CS NURSES' TRAINING

NAME OF PROGRAM & LEVEL	LOCATION	DATE & YEARS ATTENDED

## EXPERIENCE & EMPLOYMENT REFERENCES

If hired, would you have a reliable means of transportation to and from work?  Yes  No

MONTH & YEAR	NAME, ADDRESS, PHONE # OF EMPLOYER	POSITION	REASON FOR LEAVING
From			
To			
From			
To			
From			
To			
From			
To			

**PERSONAL REFERENCES**

Please list below two current personal references who know you well, but are not a relative or employer.

Name (First, Last)			Relation	
Address			Phone # (    )	
City	State	Country		Zip Code
Email Address				
Name (First, Last)			Relation	
Address			Phone # (    )	
City	State	Country		Zip Code
Email Address				

**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.

Are you a member of The Mother Church? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of a branch church or society? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one:
On which church/society committees are you currently serving?

Do you rely radically on Christian Science for healing? (See Art. IV, Sec. 1, of the <i>Church Manual</i> .) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Morality is essential in Christian Science practice. What is your understanding of the Christian Science standard of morality?	
Have you had Primary Class Instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what year did you have Class:	
Christian Science Teacher Name	
Address	Phone # (    )

## IF APPLYING FOR A POSITION AS A CHRISTIAN SCIENCE NURSE

Are you a <i>Journal</i> -listed Christian Science Nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what state:	Date listed:
Have you ever been a medical nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you dissolved your affiliation with the nursing registry? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are an experienced Christian Science nurse who has not worked in a Christian Science facility within the last year, would you be willing to work with one of our mentors to refresh your Christian Science nursing skills? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you be willing to go on home-Christian Science nursing calls for Sunland? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, you will need to provide a copy of your current driver's license and proof of auto insurance.	

What life experiences have prepared you for Christian Science nursing?
Please share in your own words your understanding of the role of the Christian Science nurse?
Do you regularly attend Association meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please share your understanding of why Mrs. Eddy made provision for Primary Class Instruction.

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 *Church Manual*). **Please attach with this application two (2) written testimonials of healings.** 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 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 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.

\_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

**Date**