



APPLICATION FOR EMPLOYMENT AS A CHRISTIAN SCIENCE NURSE

Please fill out all the required fields and attach your resume and cover letter below.

Note: All applicants are subject to a security background check.

DATE *

MM/DD/YYYY

FULL NAME *

First Name

Middle Name

Last Name

ADDRESS *

Address Line 1

Address Line 2

City

State

Zip Code

CONTACT INFORMATION *

Email

Cell Phone

Other Phone

DOB *

Date of Birth (MM/DD/YYYY)

SSN

Social Security Number

ARE YOU A U.S. CITIZEN? *

IF NOT A U.S. CITIZEN

Please, specify your country of citizenship

POSITION APPLYING FOR *

DATE AVAILABLE *

When can you start working?

EMPLOYMENT DESIRED *

Part-time

Full-time

Either

Other

HOURS *

How many hours can you work weekly?

CAN YOU WORK NIGHTS? *

WORK AUTHORIZATION *

Do you have a VISA that allows you to work in the U.S.?

What type of VISA do you have?

MOST RECENT EMPLOYMENT

ORGANIZATION*

Name of the organization

REFERENCE*

May we contact your supervisor?

Yes

No

ADDRESS*

Address Line 1

City

State

Zip Code

POSITION*

Title

BEGINNING DATE*

MM/DD/YYYY

ENDING DATE*

MM/DD/YYYY

SUPERVISOR*

Name and title of immediate supervisor

CONTACT*

Phone Number

DUTIES*

REASONS*

Reasons for leaving

PREVIOUS EMPLOYMENT

ORGANIZATION*

Name of the organization

REFERENCE*

May we contact your supervisor?

Yes

No

ADDRESS*

Address Line 1
City
State
Zip Code

POSITION*

Title

SUPERVISOR*

Name and title of immediate supervisor

CONTACT*

Phone Number

BEGINNING DATE*

MM/DD/YYYY

ENDING DATE*

MM/DD/YYYY

DUTIES*

REASONS*

Reasons for leaving

HIGH SCHOOL ATTENDED *

Name

GRADUATION DATE *

MM/DD/YYYY

Please attach any other information or documentation you may have regarding your level of education.

COLLEGE ATTENDED *

Name

GRADUATION DATE *

MM/DD/YYYY

DEGREE EARNED *

TECHNICAL SCHOOL

Name

COMPLETION DATE *

MM/DD/YYYY

DIPLOMA EARNED *

Diploma/certificate

PERSONAL REFERENCES

List below **three** individuals who can serve as personal references for you. At least one should be a Journal-listed Christian Science Practitioner. Please, do not list a relative or employer.

REFERENCE 1 *

First Name

Last Name

Phone Number

Email Address

ADDRESS *

Address Line 1

City

State

Zip Code

REFERENCE 2 *

First Name

Last Name

Phone Number

Email Address

ADDRESS *

Address Line 1

City

State

Zip Code

REFERENCE 3 *

First Name

Last Name

Phone Number

Email Address

ADDRESS *

Address Line 1

City

State

Zip Code

Are you currently a member of a Christian Science branch church, society, or college organization? If yes, which one?*

Do you attend the Sunday services and Wednesday testimony meetings regularly?*

Yes

No

Other

In what capacities have you served in a Christian Science branch church, society or college organization?*

Whether or not you are a member, what does membership in a Christian Science branch church or society mean to you?*

CHRISTIAN SCIENCE NURSE EDUCATION & COMMITMENT

Article VIII, Section 31

"Christian Science Nurse: A member of The Mother Church who represents himself or herself as a Christian Science Nurse shall be one who has a demonstrable knowledge of Christian Science Practice, who thoroughly understands the practical wisdom necessary in a sick room, and who can take proper care of the sick. The cards of such persons may be inserted in The Christian Science Journal under rules established by the publishers." (Church Manual, page 49)

This By-law requires membership in The Mother Church as a basic qualification for the Christian Science Nurse. *Please, enclose a copy of your most recent Mother Church Membership Card and answer the following questions.*

Do you own and study?

The Bible
Science & Health with Key to the Scriptures
Other published writings by Mary Baker Eddy

How regularly do you study the Weekly Christian Science Bible Lesson Sermon?*

(See Article III, Section 1 of the Manual of the Mother Church)

How do you endeavor to daily demonstrate Christian Science as taught in the Bible and Science & Health?*

Are you familiar with and obedient to the Church Manual?*

Do you rely radically on Christian Science for healing? *

Are you free from the use of the following?*

Alcohol

Drugs

Medicine

Tobacco

(Check all that apply)

Have you used the substances above-mentioned within the last two years? If yes, please explain.*

Briefly describe what you consider to be the moral demands of Christian Science and how they relate to the work of the Christian Science Nurse.*

How do you strive to live consistently with these demands?*

Have you had Primary Class Instruction from an authorized teacher of Christian Science?*

Yes

No

If yes, how has Class Instruction prepared you for Christian Science Nursing?

YOUR TEACHER'S FULL NAME*

First & Last Name

Phone Number

YOUR TEACHER'S ADDRESS*

Address Line 1

City

State

Zip Code

Do you regularly attend Association meetings?

Yes

No

CHRISTIAN SCIENCE NURSE HEALING WORK

Share how you were introduced to the idea of Christian Science nursing, why you are pursuing it, and how you envision yourself using your nurse's training.*

We are interested in your healing work as an expression of "*a demonstrable knowledge of Christian Science practice*" (Church Manual, page 49)

Please, use this text box for a testimony of healing. (1)*

Please, use this text box for a testimony of healing. (2)*

Describe any training or experience you have had as a Christian Science Nurse.*

From your current perspective, please share your approach to the following hypothetical situation: A fellow branch church member, who is a friend, calls you at home. She tells you that she hasn't been feeling well and hasn't been able to eat anything for a couple of days. She's working with a C.S. practitioner. She seems fearful and asks if you can help her in some way. What would you do?*

What implications will your duties as a Christian Science Nurse have on your family/home situation?*

The work of a Christian Science Nurse is demanding, physically, as well as mentally. Are you in good health, being free to approach this work with strength, stamina, and ease of movement? If not, please explain.*