



Application for Employment – Christian Science Nursing

EQUAL EMPLOYMENT STATEMENT

Thank you for your interest in serving at Peace Haven Association. Peace Haven may, by law, apply the test of religious qualification to its employment policies. Those who meet this requirement and are otherwise qualified will be hired, promoted, and transferred without regard to their race, color, national origin, sex, age, disability, veteran or military status, or any other protected class.

SECTION 1: PERSONAL INFORMATION

Name: _____
FIRST MI LAST

Address: _____
STREET CITY, STATE, ZIP COUNTRY

Contact: _____
CELL PHONE WORK PHONE EMAIL

SECTION 2: GENERAL QUESTIONS

Type of work/position desired? _____ Full-time Part-time

Date Available: _____

Are you willing to work nights, weekends and/or holidays, if required? Yes No

Have you previously applied to Peace Haven for employment? Yes No

If yes, when? _____ *Were you hired?* Yes No

What languages do you speak fluently? _____

What languages do you write fluently? _____

Are you over the age of eighteen? Yes No *If no, hire is subject to minimum legal age verification.*

Are you currently legally eligible for employment in the United States? Yes No

If yes and hired, hire is conditional upon your submission of proof of your eligibility to work in the United States.

If no and hired, hire is conditional upon your obtaining valid Federal work documents and/or visa.

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SECTION 3: CHURCH INFORMATION

CHRISTIAN SCIENCE APPLICANTS ONLY

IF YOU ARE A CHRISTIAN SCIENTIST, PLEASE COMPLETE THIS SECTION.

Are you a member of The Mother Church? Yes No If yes, year joined _____

Are you a member of a Christian Science branch Church or Society? Yes No If yes, which one? _____

If you are class-taught, list teacher's name and year of class _____

How long have you studied Christian Science? _____

Are you committed to the daily study of the Bible Lesson-Sermon? Yes No

Do you radically rely on Christian Science for healing? Yes No

Are you living in accord with the moral and spiritual standard of Christian Science, including freedom from use of alcohol, tobacco, drugs, and medication? Yes No

Have you read Peace Haven's Christian Science Nursing Practice Model? Yes No

If you are employed by Peace Haven, are you able to fully comply with and earnestly support this model? Yes No

SECTION 4: EDUCATION

CIRCLE LAST YEAR COMPLETED					NAME OF SCHOOL	FIELD OF STUDY / DEGREE
High School	1	2	3	4	_____	_____
College/University	1	2	3	4	_____	_____
Other					_____	_____

Please describe any other relevant job training or education: _____

SECTION 5: EMPLOYMENT HISTORY

Please provide at least five (5) years of employment history. Begin with your most recent employment. Account for all periods of time, including periods of unemployment. Use a separate sheet of paper, if necessary.

Company Contact Information	From		To		Part/Full Time	Starting Weekly Salary	Last Weekly Salary	Reason for Leaving
	Mo	Yr	Mo	Yr				
COMPANY NAME:								
ADDRESS:	Name of Supervisor:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
TYPE OF BUSINESS:	Describe the work you did:							
PHONE:								

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SECTION 5: EMPLOYMENT HISTORY - CONTINUED

Company Contact Information	From		To		Part/ Full Time	Starting Weekly Salary	Last Weekly Salary	Reason for Leaving
	Mo	Yr	Mo	Yr				
COMPANY NAME:								
ADDRESS:	Name of Supervisor:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
TYPE OF BUSINESS:	Describe the work you did:							
PHONE:								

Company Contact Information	From		To		Part/ Full Time	Starting Weekly Salary	Last Weekly Salary	Reason for Leaving
	Mo	Yr	Mo	Yr				
COMPANY NAME:								
ADDRESS:	Name of Supervisor:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
TYPE OF BUSINESS:	Describe the work you did:							
PHONE:								

SECTION 6: BUSINESS / PROFESSIONAL REFERENCES

Please list the names and contact information of two business / professional references (other than family members) who can attest to your character and work ethic. These references should be from within the past 5 years.

1.	Name:	How do you know them?
	Address:	
	Telephone:	
	Email:	
2.	Name:	How do you know them?
	Address:	
	Telephone No.:	
	Email:	

continue on next page

SECTION 7: PERSONAL REFERENCES

Please list the names and contact information of two personal references (other than family members) who can attest to your character.

If you are a Christian Scientist, list two Christian Scientists here who can confirm your active church membership and attest to your practice of Christian Science in your daily life. At least one should be a *Journal*-listed Christian Science Practitioner.

1.

Name:	How do you know them?
Address:	
Telephone:	
Email:	

2.

Name:	How do you know them?
Address:	
Telephone No.:	
Email:	

SECTION 8: WHY DO YOU WISH TO JOIN THE PEACE HAVEN TEAM?

Please share your reasons for wanting to work at Peace Haven Association. (Attach an additional sheet, if necessary.)

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SECTION 9: CHRISTIAN SCIENCE NURSE APPLICANTS – SUPPLEMENTAL QUESTIONS

Christian Science Nurses Training (completed) – use separate sheet of paper, if necessary:

DATE(S)	SCHOOL/FACILITY	LEVEL/COURSE	SUPERVISOR NAME
DATE(S)	SCHOOL/FACILITY	LEVEL/COURSE	SUPERVISOR NAME
DATE(S)	SCHOOL/FACILITY	LEVEL/COURSE	SUPERVISOR NAME
DATE(S)	SCHOOL/FACILITY	LEVEL/COURSE	SUPERVISOR NAME

Are you listed as a nurse in *The Christian Science Journal*? Yes No If yes, since (year) _____

In addition to the references listed on previous pages, please provide here the name of a fellow Christian Science nurse (other than a relative) *who has worked with you in the past* and can comment on your character, your practice of Christian Science, and your experience in Christian Science nursing.

CS Nurse Reference: _____
FIRST LAST

Address: _____
STREET CITY, STATE, ZIP COUNTRY

Contact Information: _____
PHONE EMAIL

How do you know them? _____

SECTION 10: READ AND SIGN BELOW

I acknowledge that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of facts on this application shall be considered sufficient cause for dismissal. I understand that an incomplete application is just cause for rejection of this application. I understand that this application is not a contract of employment and is not intended to be a contract of employment, nor does this application obligate Peace Haven Association in any way if the Association decides not to employ me. I further understand that all employment at Peace Haven is at-will, which means that the employer or employee may terminate employment at any time with or without cause. If employed I will abide by the rules of Peace Haven Association.

Peace Haven Association is hereby authorized to make any investigation of my personal and/or employment history. I understand that any possible employment offer is contingent upon Peace Haven's receipt of appropriate documentation of my eligibility for employment in the United States.

My signature below affirms that the information I have provided in this application is true and correct. I also acknowledge that I have read the above information and agreement carefully.

APPLICANT SIGNATURE DATE

Please email or fax your completed and signed Application, including signed Authorization to Release Information (page 6 below) to Karen Grimmer, Director of Human Resources at hr@PeaceHavenAssociation.org or 314.965.5260 (fax)

Authorization to Release Information

In connection with my application for employment/volunteer work at Peace Haven Association, I agree that background inquiries may be requested that will seek information as to my character, work habits, personal and employment history and experiences. Furthermore, I understand and agree that Peace Haven Association may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities such as my criminal record, civil matters, driving record, and other experiences.

I acknowledge that a facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county, and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name	First	Middle
Former Names (if applicable)	Names	Dates
LEAVE THIS SECTION BLANK. Driver's License number to be provided verbally – do NOT email!	No.	State
LEAVE THIS SECTION BLANK. Social Security number to be provided verbally – do NOT email!	No.	
Address	City/State/Zip	Dates (month and year)
Previous Addresses (If fewer than 5 years at above address)	City/State	Dates (month and year)

Signature

Date

Printed Name

*Please email or fax this form, signed, to
Karen Grimmer, Director of Human Resources: hr@PeaceHavenAssociation.org or 314.965.5260 (fax).*

Do NOT email this form with **Driver's License** or **Social Security numbers** filled in. For the security of your personal information, Peace Haven will call you to obtain these numbers verbally.