



Employment Application

For all applicants of employment at High Ridge House

A Christian Science sanctuary for healing and renewal

Applicant Information

Full Name: _____ Date: _____
Last First Middle (Initial)

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____
Date _____ Days/Hours Available: _____ Desired Wages: \$ _____
Available: _____ Available: _____

Position Applied for:

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you worked here before? YES ☐ NO ☐ If yes, when? _____ Same name? _____

Education

High School: Location _____
From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

College: Location _____
From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: Location _____
From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three work-related references (not family) and notify them that you have authorized High Ridge House to contact them:

Full Name: _____ Relationship: _____
Address: _____ Email: _____
Phone # W: () H: () C: ()

Full Name: _____ Relationship: _____
Address: _____ Email: _____
Phone # W: () H: () C: ()

Full Name: _____ Relationship: _____
Address: _____ Email: _____
Phone # W: () H: () C: ()

Employment (most recent first)

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Duties: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO If no, why not?
Phone/email: _____ ☐ ☐

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Duties: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO If no, why not?
Phone/email: _____ ☐ ☐

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____
Duties: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO If not, why not?
Phone/email: _____ ☐ ☐

Certification and Authorization

I certify that my answers are true and complete to the best of my knowledge and understand that, if employed, false or misleading information in my application, resume, or interviews shall be grounds for dismissal.

I authorize investigation of past and present employment and activities. I authorize all corporations, companies, schools, government agencies, persons, military services, and former employers to release any pertinent information, personal or otherwise, they may have about me to High Ridge House or its agents and employees, and release all persons or companies from any liability or responsibility from doing so. This release does not permit the release or use of disability-related or health information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. I understand that this notice will also apply to any future update reports that may be requested.

I also understand and agree that no representative of High Ridge House has any authority to enter into any agreement for employment or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Executive Director.

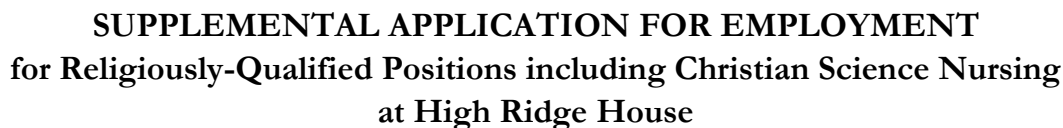
Signature: _____ Date: _____

Please send applications to:

Business Manager, High Ridge House, 5959 Independence Ave., Riverdale, NY 10471

jobs@highridgehouse.org confidential fax: 718-285-8648 phone: 718-796-4200 x201

Note: If you email an unsigned application, please follow-up with a signed hard copy as soon as possible.



Date _____

I. CHURCH MEMBERSHIP AND INVOLVEMENT

Article VIII, Section 31 of the *Manual of The Mother Church* requires membership in The Mother Church as a basic qualification for a Christian Science nurse. Membership in The Mother Church is also a requirement for other religiously-qualified positions at High Ridge House.

What is your Mother Church member number? _____

Do you own and use:

☐ The Bible? _____ ☐ Science and Health? _____ ☐ Church Manual? _____ ☐ Prose Works? _____

Are you living in accord with the By Laws and rules of the Church Manual? _____

Are you a daily student of the Bible Lessons? (See Article III, Sec. 1 of the *Church Manual*)? _____

Are you familiar with the Matthew Code (see Matt. 18:15-17)? _____ Are you willing to apply it? _____

To which periodicals do you subscribe? (see Article VIII, Sec. 14 of the *Church Manual*) _____

Do you attend church services regularly? _____

Are you an active member of a Christian Science branch church or society? _____

If yes, which one? _____

In what capacities are you currently serving? _____

Have you had Christian Science Primary Class instruction? _____

If not, why not? _____

If yes, please give the year in which you had Class: _____

Teacher's name: _____

E-mail address: _____

Current address: _____

Telephone number: _____

Do you regularly attend an Association meeting? _____

If not, why not? _____

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II. ADHERENCE TO THE STANDARDS OF CHRISTIAN SCIENCE

FOR CONTINUED EMPLOYMENT, HIGH RIDGE HOUSE REQUIRES THAT YOU RELY RADICALLY ON CHRISTIAN SCIENCE FOR HEALING AND MAINTAIN THE HIGHEST MORAL STANDARDS AT ALL TIMES.

Do you rely radically on Christian Science for healing? (See Article IV, Sec. 1 of the *Church Manual*) _____

In line with the theology of Christian Science, are you free from the use of:

☐ Drugs? _____ ☐ Medication? _____ ☐ Tobacco? _____ ☐ Alcohol? _____

Have you used any of these substances within the last two years? _____ If yes, please explain: _____

Have you ever been involved in any capacity in any other health care profession? _____ If so, when? _____

In what way? _____

Do you express a consistently high ethical and moral standard? _____

Do you abstain from sexual relationships outside of heterosexual marriage? _____

**CHRISTIAN SCIENCE NURSE APPLICANTS SHOULD GO TO PAGE 3 TO CONTINUE.
APPLICANTS FOR OTHER RELIGIOUSLY-QUALIFIED POSITIONS SHOULD CONTINUE BELOW.**

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AFTER COMPLETING SECTIONS I AND II, PLEASE INITIAL AND SIGN BELOW IF YOU ARE APPLYING FOR A NON-NURSING, RELIGIOUSLY-QUALIFIED POSITION:

Initials



_____ I have read the job description for this position and understand the qualifications it establishes for this position.

_____ I adhere to the standards listed in this application and in the job description for this position. I understand that to deviate from these standards during my employment would subject me to discipline and/or disqualify me for this position.

_____ I certify that the responses I have given in this application are true and correct to the best of my knowledge.

Applicant's Signature

Date

Please return this application **along with one testimonial of healing:**

TO:

**Director of Christian Science Nursing
High Ridge House
5959 Independence Avenue
Riverdale, New York 10471-1299**

**Tel: 718 796-4200 x259
Confidential Fax: 718-874-9871
dcsn@highridgehouse.org**

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III. WRITTEN RESPONSES FOR CHRISTIAN SCIENCE NURSING APPLICANTS

We are very interested in your healing work as an expression of "...a demonstrable knowledge of Christian Science practice..." (see Article VIII, Sec. 31 of the *Church Manual*). **Please attach the following to this application** (one or two paragraphs for each response or testimony will be sufficient, but please write as you are inspired):

1. Two (2) written testimonials of recent healings. One report should present a healing in which you acted as practitioner, either for yourself or another.
2. Please describe the sequence of events that brought you to Christian Science nursing.
3. What Christian Science nursing education/training have you had? (If none, what life experiences, if any, have prepared you for Christian Science nursing?)
4. Would you describe the different kinds of Christian Science nursing experiences you have had?
5. What does the term "ministry" mean to you with respect to Christian Science nursing? How does a "ministry" differ from a "career"?

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IV. PERSONAL REFERENCES FOR CHRISTIAN SCIENCE NURSING APPLICANTS

Below, please list three Christian Scientists we may contact as current personal references (in addition to the work-related references on the general application). Please be sure to select individuals whom know you well and who know you well. At least one should be a *Journal*-listed practitioner, one a Christian Science nurse, and one a fellow branch church member. **Please do not list a relative, employer, or your Christian Science teacher.**

Please list three personal references and notify them that you have authorized High Ridge House to contact them:

Full Name:	Relationship:		
Address:	Email:		
Phone #	W: ()	H: ()	C: ()

Full Name:	Relationship:		
Address:	Email:		
Phone #	W: ()	H: ()	C: ()

Full Name:	Relationship:		
Address:	Email:		
Phone #	W: ()	H: ()	C: ()

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V. CONFIRMATION OF QUALIFICATIONS AND CAPABILITIES

Are you currently --

☐ a *Journal*-listed Christian Science nurse

If you are *Journal*-listed, where: City: _____ State: _____ Country: _____

☐ Qualifying to become *Journal*-listed

☐ Other – please describe: _____

Are you fluent in English? _____ Any other languages? If so, which: _____

Our nursing shifts currently are: 6:50 am – 3:00 pm ■ 2:50 pm – 11:00 pm ■ 10:50 pm – 7:00 am

Is there any reason you could not work any shift or any day of the week? _____ If yes, please explain: _____

Are you in good health, and do you possess the good hearing, vision, physical strength, stamina, and freedom of movement necessary to carry out Christian Science nursing duties? _____ If no, please explain: _____

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AFTER COMPLETING ALL FIVE SECTIONS, PLEASE INITIAL AND SIGN BELOW IF YOU ARE APPLYING FOR A CHRISTIAN SCIENCE NURSING POSITION:

Initials



_____ I have read the job description for this position and understand the qualifications it establishes for this position.

_____ I adhere to the standards listed in this application and in the job description for this position. I understand that to deviate from these standards during my employment would subject me to discipline and/or disqualify me for this position.

_____ I certify that the responses I have given in this application are true and correct to the best of my knowledge.

Applicant's Signature

Date

Please return this application **along with your written responses to Section III**, above:

TO: **Director of Christian Science Nursing**
High Ridge House
5959 Independence Avenue
Riverdale, New York 10471-1299
Tel: 718 796-4200 x259
Fax: 718 874-9871
dcsn@highridgehouse.org