



910 Boylston Street, Chestnut Hill, MA 02467

**APPLICATION FOR EMPLOYMENT**  
*Assistant Director of Christian Science Nurses Training*

**To Applicant:** Thank you for your interest in serving at Chestnut Hill Benevolent Association. Please provide us with the information requested below. Please print or type. If you wish to elaborate on any point, please use a separate sheet.

Name \_\_\_\_\_  
first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_  
today's date \_\_\_\_\_

Address \_\_\_\_\_  
number \_\_\_\_\_ street \_\_\_\_\_  
city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (business) \_\_\_\_\_

Cell phone \_\_\_\_\_ email address \_\_\_\_\_

**AVAILABILITY TO SERVE:** Please indicate any periods during the year when you would not be available to be called to serve at the CHBA and/or any other considerations we need to know regarding your availability for a call to serve.

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Have you applied before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you willing to work weekends and/or holidays? \_\_\_\_\_

**CHURCH DATA\***

Are you currently listed as a Christian Science nurse in *The Christian Science Journal*? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long have you been listed? \_\_\_\_\_

What year did you join The Mother Church? \_\_\_\_\_ Former religion, if any \_\_\_\_\_

Membership number \_\_\_\_\_ How long have you studied Christian Science? \_\_\_\_\_

Branch Church of Christ, Scientist, where you are presently a member \_\_\_\_\_

How long have you been an active branch church member? \_\_\_\_\_

Do you own and study the Bible as well as *Science and Health with Key to the Scriptures*, *Prose Works*, and the *Church Manual* by Mrs. Eddy and use concordances to aid in your study of these works? Yes \_\_\_\_\_ No \_\_\_\_\_

To which Christian Science periodicals do you subscribe? \_\_\_\_\_

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

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

**REFERENCES:** List two Christian Scientists (other than relatives), at least one of whom is a fellow Christian Science nurse who has worked with you, and who can comment on your character, your practice of Christian Science, and your experience in Christian Science nursing.

## Address

### Daytime phone

## Address

Daytime phone

**EMPLOYMENT HISTORY AS A CHRISTIAN SCIENCE NURSE:** Begin with most recent employment. If you were not working in a facility, write "private duty" on the line where the name of the facility is requested.

1. Facility name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Phone \_\_\_\_\_

Your position \_\_\_\_\_ Duties \_\_\_\_\_

### Reason for leaving

May we contact this employer? Yes  No

2. Facility name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Phone \_\_\_\_\_

Your position \_\_\_\_\_ Duties \_\_\_\_\_

### Reason for leaving

May we contact this employer? Yes  No

## OTHER RELEVANT CHRISTIAN SCIENCE NURSING EXPERIENCE

OTHER RELEVANT CHRISTIAN SCIENCE NURSING EXPERIENCE  
Describe other experience in Christian Science nursing that is not covered above. Use an additional sheet if needed. If appropriate, give names of people we could contact, their position, and current phone number.

**EDUCATION/TRAINING**

Year you took Primary class instruction in Christian Science \_\_\_\_\_

Christian Science teacher's name \_\_\_\_\_

May we contact your teacher? Yes  No  Contact phone number \_\_\_\_\_**Christian Science Nursing Training**

List Christian Science nursing courses you have had, mentoring experience, and any other Christian Science nurses training you have completed:

Course/mentoring/training

Where taken

Year completed

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**Academic**

Languages you speak fluently: \_\_\_\_\_

**OTHER RECENT WORK EXPERIENCE:** Begin with most recent employment

1. Company name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Phone \_\_\_\_\_

Your position \_\_\_\_\_ Duties \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

May we contact this employer? Yes  No 

2. Company name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's name \_\_\_\_\_ Phone \_\_\_\_\_

Your position \_\_\_\_\_ Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact this employer? Yes  No 

Have you worked in a medical profession within the past 5 years? If so, in what capacity?

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## CHRISTIAN SCIENCE HEALING

Please describe a Christian Science healing you have experienced.

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How long have you been a Christian Science nurse? What led you to become a C.S. nurse?

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Please share what has led you to apply for this position.

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Please share what experience you have had with mentoring and/or instructing (whether in Christian Science nursing or in another field).

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PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY

\* The Chestnut Hill Benevolent Association 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, creed, national origin, sexual orientation, gender identity, ancestry, sex, age, disability or genetic information\*, veteran status, military service, and any other protected class.

*\*Massachusetts General Laws c.151B defines "genetic information" as any written record or explanation or explanation of a genetic test of a person's family history with regard to the presence, absence or variation of a gene. A genetic test is broadly defined as "any test of DNA, RNA, mitochondrial DNA, chromosome or proteins for the purpose of identifying genes or genetic abnormalities." The law expressly excludes drug and alcohol tests from the definition, meaning that employers may continue to conduct such tests in accordance with existing legal requirements.*

*These new statutory provisions specifically prohibit employers from (1) terminating or refusing to hire individuals on the basis of genetic information; (2) requesting genetic information concerning employees, applicants or their family members; (3) attempting to induce individuals to undergo genetic tests or otherwise disclose genetic information; (4) using genetic information in any way that affects the terms and conditions of an individual's employment; or (5) seeking, receiving or maintaining genetic information for a non-medical purpose.*

Nothing on this application is intended to create or imply a contractual relationship. All employment with the Chestnut Hill Benevolent Association is at-will, which means that the employer or employee may terminate employment at any time with or without cause. Applicants also acknowledge that they are not being employed for any specific term.

The applicant understands that consideration for employment is conditioned upon the results of a reference check, and that the employer is authorized to investigate all statements made by the applicant on the application and to contact former employers and references.

It is expected that all applicants are able to perform the essential functions of the position for which they apply. Reasonable accommodation will be made for qualified individuals with disabilities to the extent required by law.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Hiring is contingent upon our receipt of appropriate documentation of your eligibility for employment in the United States.

*Please sign below to affirm that the information provided is true and to acknowledge that you have read the above information and agreement carefully.*

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Signature

Date