

**APPLICATION FOR EMPLOYMENT  
BEACON HAVEN**

**Operated by Clifton House, Inc.**

1200 Long Lake Road  
New Brighton, MN 55112  
651-379-0100

Clifton House, Inc., a Christian Science nursing organization whose mission is “to support proper care and an atmosphere expectant of healing through Christian Science nursing” does not use as a basis for employment decisions, any information regarding race, color, creed, religion\*, national origin, sex, marital status, disability, or status in regard to public assistance and age.

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Are you under 16 years of age? Yes \_\_\_\_ No \_\_\_\_ If yes, parent or guardian approval must be given, and they must sign after your signature.

Do you have any disability that would substantially interfere with your ability to perform the duties of the job for which you are applying? Yes \_\_\_\_ No \_\_\_\_ If yes, describe the disability and explain the work limitation as it pertains to the job for which you are applying on a separate page.

Are you a citizen of the United States of America? Yes \_\_\_\_ No \_\_\_\_ If no, do you have a Green Card to work in the USA? Yes \_\_\_\_ No \_\_\_\_ If, no, attach an explanation of your authorization to work in the USA.

**EMPLOYMENT DESIRED**

Position applied for: \_\_\_\_\_

Possible starting date: \_\_\_\_\_

\*Please note: There are some positions at Beacon Haven where it is a bona fide occupational qualification that one be a practicing student of Christian Science and a member of The Mother Church, The First Church of Christ, Scientist, in Boston, MA. This includes but is not limited to all nurses and Facility Administrator.

**EDUCATION**

College Graduate (yes or no) \_\_\_\_\_ Degree granted and year \_\_\_\_\_

If not college graduate, list highest grade completed: \_\_\_\_\_

Name of present or last school attended

\_\_\_\_\_  
List any vocational/trade training/other  
\_\_\_\_\_  
\_\_\_\_\_

**NURSE TRAINING**

Christian Science nurse training completed, if any

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHRISTIAN SCIENCE EXPERIENCE**

You must answer the questions below if you are applying for any nursing positions or for Facility Administrator position. You may answer the questions below for other positions.

How long have you been studying Christian Science \_\_\_\_\_

I study the weekly Bible Lessons printed in the Christian Science Quarterly (yes or no) \_\_\_\_\_

I currently regularly attend the Sunday service conducted at which Christian Science church(es)  
\_\_\_\_\_

I currently regularly attend the Wednesday testimony meeting conducted at which Christian Science church(es) \_\_\_\_\_

I am a member of the following Christian Science branch church  
\_\_\_\_\_.

I am a member of The Mother Church in Boston, MA (yes or no and date admitted) \_\_\_\_\_

I have had class instruction from an authorized teacher of Christian Science (yes or no) \_\_\_\_\_

If yes, year taken \_\_\_\_\_ Teacher's name \_\_\_\_\_

## WORK EXPERIENCE

List your recent work experience, starting with your present or last place of employment. Use a separate sheet if necessary. Include last 5 years as a minimum. You may attach a resume instead of this section.

1. \_\_\_\_\_  
Name and place of employment \_\_\_\_\_ position held \_\_\_\_\_ dates \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ contact information (phone and email or address) \_\_\_\_\_
2. \_\_\_\_\_  
Name and place of employment \_\_\_\_\_ position held \_\_\_\_\_ dates \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ contact information (phone and email or address) \_\_\_\_\_
3. \_\_\_\_\_  
Name and place of employment \_\_\_\_\_ position held \_\_\_\_\_ dates \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ contact information (phone and email or address) \_\_\_\_\_
4. \_\_\_\_\_  
Name and place of employment \_\_\_\_\_ position held \_\_\_\_\_ dates \_\_\_\_\_  
\_\_\_\_\_  
Supervisor \_\_\_\_\_ contact information (phone and email or address) \_\_\_\_\_

**PERSONAL REFERENCES:** List three persons not related to you and not former employers:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF INFORMATION**

In connection with my application for employment, I authorize an investigative background report which may include information regarding my background, character, general reputation, mode of living, personal characteristics, credit worthiness, insurance claims, education, driving record, work habits, job performance, and reasons for termination of past employment from previous employers. I understand that these reports will include information from various federal, state and other agencies which maintain records concerning my driving, credit, criminal, civil, insurance and other experiences.

I authorize Clifton House, Inc., their agents and their employees to verify, obtain copies of records, and gather information pertaining to my employment application and all information listed above. This authorization shall apply presently and at any time during my employment at Beacon Haven. I authorize any party or agency contacted to furnish the above-mentioned information and voluntarily waive all recourse and release the party or agency from liability for complying with this authorization.

I have been given a stand-alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee. In accordance with the Fair Credit Reporting Act, I understand that I am entitled to know whether my employment was denied based on the information obtained and to receive, upon written request, a disclosure of the background report. A photocopy or fax of this authorization shall be accepted with the same authority as the original.

Print Full Name \_\_\_\_\_

(First, middle, last)

Aliases / Maiden Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License – State and Number \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list prior residences within the past seven (7) years:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSUMER NOTIFICATION**

This Consumer Notification serves to inform you that a consumer report and/or an investigative consumer report may be obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee, or as a volunteer.

This report may contain information bearing on your personal and credit characteristics, character, general reputation, lifestyle or job performance received from public record sources or through personal interviews with your neighbors, friends or associates. You may have a right to request additional disclosures regarding the nature and scope of the investigation.

Your signature below certifies that you have read the above notification:

Print Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_