



APPLICATION FOR CHRISTIAN SCIENCE NURSING EMPLOYMENT

Glenmont is an EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)				
ADDRESS	CITY	STATE	ZIP CODE	COUNTRY
PHONE NO,		REFERRED BY (Name and Phone)		
EMAIL				

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	DESIRED PAY
MAY WE CALL YOUR CURRENT EMPLOYER?	YES NO	IF YES, WHO SHOULD WE CALL?
		Name: Phone:

EDUCATION

NAME AND LOCATION OF SCHOOL	# of YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER SCHOOL			

GENERAL INFORMATION

SPECIAL TRAINING AND SKILLS		
MILITARY SERVICE YES NO	DATES:	FINAL RANK:

FORMER EMPLOYERS (LIST LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE NO.	POSITION & SALARY	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR, INCLUDING AT LEAST ONE CHRISTIAN SCIENCE JOURNAL-LISTED TEACHER, PRACTITIONER, OR NURSE.)

NAME	ADDRESS	RELATIONSHIP & PHONE	YEARS KNOWN

PLEASE WRITE ONE PARAGRAPH ABOUT WHY YOU WANT TO WORK AT GLENMONT:

AUTHORIZATION:

The facts on this application are true and complete. I understand that falsification and/or omission on this form is a cause for dismissal (if I am hired). I also understand that Ohio is a hire-at-will state.

I authorize the references and employers listed above to give you all information concerning me, and I release Glenmont from all liability regarding utilization of such information.

I acknowledge that no representative of Glenmont has authority to enter into any agreement for employment with me unless it is in writing and signed by an authorized Glenmont representative.

This authorization does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE: _____ **DATE:** _____