

SCHOOL NURSE / SUBSTITUTE SCHOOL NURSE APPLICATION

Return completed application, nursing license, and college transcripts to above address.

Name	Date
Street Address	Phone(s)
City, State, Zip	Email

Check all that apply:

- I am interested in a permanent school nurse position
- I am interested in a per diem substitute nurse position

I prefer the following levels:

- Elementary Secondary No Preference

Is your CPR certification current? YES NO

If you answered NO, certification must be current before working with our school-aged children. Please submit an updated copy for your file ASAP.

NURSING LICENSE

State Which Issued License	Date of Issue	Expiration Date	License Number

EDUCATIONAL BACKGROUND

School	Dates Attended	Degree or Diploma Earned	Date Granted
High School and Location			
College/University and Location			
Graduate School and Location			

NURSING EXPERIENCE

From	To	School/Hospital/Practice/Organization	Address

PROFESSIONAL REFERENCES

Name	Title/Place of Employment	Phone

The Westhill Central School District does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, sex, sexual orientation, race, or any other category protected by federal, state, or local law, in its employment practices or educational programs and activities which it operates.

I certify, to the best of my knowledge, the information submitted in this employment application is true.

Signature

Date

FOR OFFICE USE ONLY

Interviewed by: _____

Comments: _____

Date: _____

Interviewed by: _____

Comments: _____

Date: _____
