

MINISINK VALLEY CENTRAL SCHOOL DISTRICT

NURSE APPLICATION & SUBSTITUTE NURSE APPLICATION

P.O. Box 217
Slate Hill, New York 10973

NAME _____ DATE _____

ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

HIGH SCHOOL _____ DATES _____

POST HIGH SCHOOL _____

DEGREES _____

EXPERIENCE:

DATES _____

POSITION _____

DATES _____

POSITION _____

DATES _____

POSITION _____

I am interested in **FULLTIME** _____ **SUBSTITUTING** _____ **BOTH** _____

REGISTERED NURSE: YES _____ NO _____

I was registered as an R.N. in the State of _____

on _____.

I am available to substitute: Days _____ Months _____

I prefer: Otisville _____ Elem. _____ Intermediate _____ Middle _____ High _____

Signature _____ S.S. # _____

PROFESSIONAL REFERENCES:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

PART II
Addendum to Employment Application

Name _____ Date _____

Have you ever been fingerprinted?

YES _____ NO _____

If YES: N.Y.S. Education Department _____ N.Y.C. Department of Education _____

Have you ever been convicted of a crime?

YES _____ NO _____

If YES please describe _____

Have you ever been charged in an Article 3020A or Section 75 proceedings?

YES _____ NO _____

If yes, please describe: _____

Have you ever had a teaching credential revoked, suspended or annulled?

YES _____ NO _____

Did you ever receive a discharge from the Armed Forces of the United States of America which was other than "honorable"?

YES _____ NO _____

Are you capable of performing the duties of the job for which you are making application?

YES _____ NO _____

Please describe the circumstances under which you left your last employer:

Under penalty of perjury, I hereby affirm that all of the above statements are true and correct.

Signed _____ **Date** _____