## 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		
DATES		
POSITION		
I am interested in <b>FULLTIME</b>	SUBSTITUTING BOTH	
REGISTERED NURSE: YES	NO	
I was registered as an R.N. in the State of	<u> </u>	
on		
I am available to substitute: Days	Months	
I prefer: Otisville Elem	Intermediate Middle High	
Signature	S.S. #	
PROFESSIONAL REFERENCES:		
Name	Phone	
Address		
Name		
Address		
Name		
Address		

## PART II Addendum to Employment Application

		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Have you	ever had a teaching credential revol	ked, suspended or annulled?
YES	NO	
	ever receive a discharge from the Arr than "honorable"?	med Forces of the United States of America which
YES	NO	
		ne job for which you are making application?
	NO	ne joe for which you are making approaction.
1 ES	NO	
Please des	scribe the circumstances under whic	h you left your last employer:
1 lease des	serior the cheamstances ander wine	ii you left your last employer.
Under per	nalty of perjury, I hereby affirm t	hat all of the above statements are true and
Signed		Date_

Rev.10/08