

HAMBURG CENTRAL SCHOOL DISTRICT

Mail to: Richard E. Jetter Ph.D.
Assistant Superintendent
Hamburg Central School District
5305 Abbott Road
Hamburg, New York 14075

APPLICATION FOR SUBSTITUTE SCHOOL NURSE

DATE _____

1. NAME _____
Last First Middle

2. PRESENT ADDRESS _____
Street City State Zip Code

3. TELEPHONE NUMBER _____

4. Are you between 18 and 65 years of age? Yes ____ No ____ If not, state your age _____

5. Have you ever been convicted of a crime Yes ____ No ____ 6. Are you a U.S. Citizen Yes ____ No ____

7. **CERTIFICATION/LICENSURE *Please provide a copy of your most current Certificate/License.**

STATE _____ PERMANENT OR PROVISIONAL _____ FIELD _____ DATE ISSUED _____ CERTIFICATE NO. _____

8. AED/CPR Certification Expiration Date: _____

9. Earliest date available for starting in Hamburg _____

10. EDUCATIONAL AND PROFESSIONAL TRAINING

EDUCATION	SCHOOL or INSTITUTION	MAJOR FIELD	DEGREE	TOTAL TIME SPENT YEARS	SEMESTER HRS.
HIGH SCHOOL			XXX		XXX
COLLEGE					
UNIVERSITY					
GRADUATE WORK					
SPECIAL					

11. Give full and accurate data regarding your Registered Nurse Pre-Service experiences:

School/Agency	Location	Levels or Subject Taught	Dates ... to ...	No. of Weeks

