

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

12. Give full and accurate data regarding your Registered Nurse experiences:

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

13. REFERENCES – Please list three references that have first-hand knowledge of your character, personality, scholarship and teaching ability.

Name	Occupation or Position	Present Address	Telephone Number

14. EMPLOYEES’ RETIREMENT SYSTEM

Are you a member of the New York State Employees’ Retirement System? Yes No

Any substitute teacher who fails to notify the District of their joining the employees’ retirement system, will be held liable for their 3% contribution.

Retirement Number _____

Are you collecting Employees’ Retirement Benefits? Yes No

If you are collecting Employees’ Retirement Benefits do you
Have approval from Albany to work as a substitute? Yes No

Your Annuitant’s Number _____

The facts set forth are true and complete. I understand that, if employed false statements will be considered sufficient cause for dismissal.

“I understand that Hamburg Central School District will be making an extensive inquiry regarding my background and experience and I hereby release from liability anyone giving information regarding me (whether specified in my application or not) so long as the information given is relevant to the duties for which I have applied. If requested, I will sign individual releases. I further understand that all information gathered by you regarding my application will be the property of the Hamburg Central School District and not be released to me unless required by federal or state statutes or regulations.”

APPLICANT’S SIGNATURE

DATE

NYS Human Rights Law prohibits discrimination because of age, race, color, national origin, sex, disability, or marital status.