

PLAINFIELD PUBLIC SCHOOLS
651 NORWICH ROAD
PLAINFIELD, CT 06374
(860)564-6403
APPLICATION FOR EMPLOYMENT - SCHOOL NURSE

NAME: Last First Middle Initial

ADDRESS:

City

State

Zip

TELEPHONE NUMBER (Home & Work)

SOCIAL SECURITY NUMBER

POSITION: ___Elementary(PK-5) ___Middle(6-8) ___High School(9-12)

LICENSE:

Registered Nurse?_____ Please attach photocopy of license(s).

List state(s) where you hold a license and expiration date.

(State)

(Expiration Date)

(State)

(Expiration Date)

Is your license or certification currently under review?

If yes, please explain. _____

Do you hold any other certificates or licenses (i.e. Emergency Medical Technician (EMT), Physician's Asst. (PA), Nurse Practitioner (NP), Licensed Practical Nurse (LPN)?

Yes___ No___

If yes, please list _____

PERSONAL DATA:

Are you a U.S. citizen?_____ Other Country? _____

General Health: _____ Restrictions? _____

Present Employer _____ Position _____

Hours per week: _____ Days _____

Briefly describe your job responsibilities _____

Current Salary: Annual _____ Hourly _____

CRIMINAL RECORD: (P.A. 93-238 effective 7/1/94)

Have you ever been convicted of a crime? _____

Are criminal charges pending against you? _____

EDUCATIONAL PREPARATION:

Dates Attended	High School/College/State Hospital Preparation	Diploma/Degree	Date Graduated

OTHER PERTINENT WORK EXPERIENCE:

Firm/Institution	Location	From (Mo/Yr)	To (Mo/Yr)

REFERENCES: Please list names, addresses and phone numbers.

AVAILABILITY OF APPLICANT:

Starting:_____ Day(s) of Week_____ Shift_____

Partial Day_____ Full Day_____ Either_____

Best time for an interview:_____ Day_____

_____ Date _____ Applicant's Signature

Administrator's Approval:_____ Date_____

Position/Salary Rate:_____ / _____

Date of Interview:_____ Proposed Starting Date: _____

Superintendent's Approval:_____ Date:_____

Return to:
 Kenneth R. Di Pietro, Superintendent
 AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER