



WEST GENESEE CENTRAL SCHOOLS

300 Sanderson Drive

Camillus, NY 13031

Telephone (315) 487-4555

APPLICATION FOR SCHOOL NURSES

Willing to Substitute? *Yes* *No*

Name: _____ Date: _____
(Last) (First) (Initial)

Address: _____
(Street) (City) (State) (Zip Code)

Social Security Number: _____ Phone: _____

Have you been fingerprinted pursuant to Part 87 of the Regulations of the Commission of Education (Criminal/History Record Check for Prospective School Employees & Applicants for Certification)?
 _____ Yes _____ No

Professional Preparation	Name of Institution	Dates From	Dates To	Location	Degree
School of Nursing					
Other Education					

New York State License # _____ Date of Expiration: _____

Member of NYS Retirement System? _____ If yes, please complete the following: Retirement # _____

Have you ever been dismissed or asked to resign from any position? ___ Yes ___ No If yes, please explain

Professional Experience *(list most recent experience first)*

Name	Type of Experience	Dates From	Dates To	Location

The West Genesee Central School District does not discriminate on the basis of sex, race, color, national origin, disability, sexual orientation or marital status. The West Genesee School District is in full compliance with Title IX of the Educational Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973.

Other Work Experience (Experience in Business, Trade or Industrial Employment)

Name	Type of Work	Dates From	Dates To	Location

I am available for work in all schools in the West Genesee District or only the school(s) listed below:

If you are willing to substitute, it is understood that all substitute nurses employed by the West Genesee Central School District are hired on a day-by-day, itinerant basis, for part-time employment only.

References: List the names of at least three (3) people who have knowledge of your nursing experience:

	Name	Address	Position	Business Phone
1.	_____			
2.	_____			
3.	_____			

Notice: You must attach a copy of your New York State RN license to the application.

Please indicate below the date you will be available to begin work, if you are appointed to a position at West Genesee.

Date

I hereby declare the information provided by me on this application is true and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I hereby authorize any individual, company, or institution listed above with whom I have been associated to furnish the West Genesee Central School District with any information concerning my employment.

Applicant's Signature