

SUBSTITUTE NURSE APPLICATION

WYNANTSKILL UNION FREE SCHOOL DISTRICT 25 EAST AVENUE, TROY, NY 12180

BUSINESS OFFICE PHONE (518) 283-4679 x 14

DATE

LAST NAME

FIRST NAME

MIDDLE NAME

MAILING ADDRESS

FIRST PHONE NUMBER

SECOND CONTACT NUMBER

SOCIAL SECURITY NUMBER

EDUCATIONAL BACKGROUND:		
<u>NAME & ADDRESS OF SCHOOL</u>	<u>DATES ATTENDED</u>	<u>DEGREE/DIPLOMA</u>
HIGH SCHOOL		
COLLEGE		
GRADUATE SCHOOL		
OTHER		

NYS REGISTERED PROFESSIONAL NURSE LICENSE NUMBER _____

EMPLOYMENT/OCCUPATIONS (LIST MOST RECENT FIRST)

<u>DATES</u>	<u>NAME & ADDRESS</u>

REFERENCES: PLEASE LIST THE NAMES AND COMPLETE MAILING ADDRESS OF AT LEAST THREE PERSONS NOT RELATED TO YOU BY BLOOD OR MARRIAGE, WHO MAY BE CONTACTED BY SCHOOL OFFICIALS FOR REFERENCES AS TO YOUR QUALIFICATION, CHARACTER AND RELIABILITY.

1. NAME _____ 2. NAME _____

ADDRESS _____ ADDRESS _____

PHONE _____ PHONE _____

3. NAME _____

ADDRESS _____

PHONE _____

WYNANTSKILL UFSD OFFERS EMPLOYMENT WITHOUT REGARDS TO SEX, RACE, COLOR, NATIONAL ORIGIN OR HANDICAP. COMPLAINTS RELATING TO COMPLIANCE WITH THIS POLICY MAY BE MADE TO: TITLE IX, SECTION 504 COORDINATOR, WYNANTSKILL UFSD, 25 East Avenue Troy NY 12180 PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, THE WYNANTSKILL UFSD WILL PROVIDE REASONABLE ACCOMMODATIONS TO JOB APPLICANTS AND EMPLOYEES WHO ARE QUALIFIED INDIVIDUALS AND DISABILITIES.

NOTE: APPLICATION FORMS BECOME PART OF YOUR PERMANENT RECORDS FOLDER. PLEASE BE CERTAIN THAT ALL INFORMATION IS GIVEN CORRECTLY.