

APPLICATION FOR SCHOOL NURSE

ORAN R-III SCHOOL DISTRICT
310 CHURCH STREET
P.O. BOX 250
ORAN, MO 63771

Phone & Fax: 573-262-2330 Option 4

Full Name: _____ **Today's Date:** _____
(first) (middle) (last)

PRESENT ADDRESS: _____ **City** _____ **State** _____ **Zip** _____

PERMANENT ADDRESS: _____ **City** _____ **State** _____ **Zip** _____
(Where W-2 can be mailed)

Home Phone: _____ **Cell Phone:** _____

Social Security #: _____ **Birthday:** _____

Position Desired: _____ **Driver's License #:** _____

Do you hold a Valid Missouri Nursing Certificate? _____ **Level of Nursing?** ___LPN ___RN

Are you willing to work some evenings, if necessary? _____

Can you perform all of the job functions related to this position? _____

List professional activities, clubs, organizations memberships (optional): _____

List special skills/training you might have to help with job performance (optional): _____

Are you willing to submit to a background check? _____

Have you ever been found guilty or been convicted of any criminal act in this state or any state? _____

If yes, please give date, city/county/state and circumstance: _____

EDUCATION (list most recent first)

<u>School</u>	<u>Years Attended</u>	<u>Area of Training</u>	<u>Graduate Yes/No & Date</u>
_____	_____	_____	No/Yes (Graduation Date: _____)
_____	_____	_____	No/Yes (Graduation Date: _____)
_____	_____	_____	No/Yes (Graduation Date: _____)

WORK EXPERIENCE (List two or three most recent jobs)

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Duties: _____

Dates Worked: From _____ **To** _____

Reason for Leaving _____

(SEE REVERSE SIDE)

WORK EXPERIENCE (Continued)

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Duties: _____

Dates Worked: From _____ **To** _____

Reason for Leaving _____

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Duties: _____

Dates Worked: From _____ **To** _____

Reason for Leaving _____

PERSONAL REFERENCES (*Not Relatives or Former Employers*)

Name	Address	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please submit a copy of your Social Security Card & Driver's License for Name Verification Purposes ~ Thanks!

I recognize that falsification of this application will result in my dismissal!!!

Signature of Applicant