

WORCESTER COUNTY BOARD OF EDUCATION

SCHOOL NURSE APPLICATION

NAME: _____
Last First Middle Maiden

TODAY'S DATE: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

TELEPHONE: _____

SCHOOL(S) IN WHICH YOU WOULD BE WILLING TO WORK: (please check)

____ Showell Elementary School
____ Ocean City Elementary School
____ Buckingham Elementary School
____ Snow Hill Elementary School
____ Pocomoke Elementary School

____ Berlin Intermediate School
____ Snow Hill Middle School
____ Pocomoke Middle School
____ Stephen Decatur Middle School
____ Cedar Chapel Special School

____ Stephen Decatur High School
____ Snow Hill High School
____ Pocomoke High School

EDUCATIONAL BACKGROUND:

Name of Institution	Location	Dates of Attendance	Diploma/Degree Received

Please forward the following information: 1) a copy of your current nursing license; 2) copies of transcripts reflecting degrees earned; and 3) your college placement file (if available).

WORK EXPERIENCE:

We will be contacting employers you list as references. Please provide complete mailing addresses for those references. Check here if you do not wish us to contact your current employer: _____

Name of Employer	Position Held	Dates of Employment	Reasons for Leaving

Description of Duties: _____

Company Address: _____ Supervisor: _____

Telephone: _____

Name of Employer	Position Held	Dates of Employment	Reasons for Leaving

Description of Duties: _____

Company Address: _____ Supervisor: _____

Telephone: _____

(OVER)

WORK EXPERIENCE (continued)

Name of Employer	Position Held	Dates of Employment	Reasons for Leaving

Description of Duties: _____

Company Address: _____ Supervisor: _____

_____ Telephone: _____

PERSONAL REFERENCES: (please give complete names and mailing addresses)

1. _____

2. _____

3. _____

GENERAL BACKGROUND INFORMATION:

- | | | |
|--|------------------------------|-----------------------------|
| Have you ever been convicted of a crime? <small>(Do not include minor traffic violations for which a fine of \$100 or less was imposed.)</small> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been dismissed, asked to resign, or been refused reemployment? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you ever been charged with any offense relating to children? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| In any previous work experience, have you ever received an oral or written reprimand? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If your answer to any of these questions is "yes", please provide details on a separate sheet of paper.

This application, if you are employed, will become a part of your record. Deliberate misrepresentation will endanger your employment.

It is the responsibility of the applicants to notify the Board of Education by January 1 of each year of their continued interest in obtaining employment in Worcester County. This notification will assure that the application is kept active for the next year.

In order for the Worcester County Board of Education to obtain information regarding my competency for the position for which I am applying, I hereby authorize its agents to contact persons named herein as references and other persons who might contribute job-related information to my file. Additionally, I authorize those persons contacted to release the information requested by said agents and waive my right to access to those records.

SIGNATURE: _____

DATE: _____

Correspondence relating to this application should be addressed to:

Worcester County Board of Education
 Human Resources
 6270 Worcester Highway
 Newark, Maryland 21841-9746

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