

**2018-2019 SUBSTITUTE NURSE APPLICATION**

**Personal Information:** Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Telephone#:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Please check school preferred:**

<input type="checkbox"/> Robinson 8:45AM-3:30PM ½ day AM 8:45-12:00 ½ day PM 12:00-3:30	<input type="checkbox"/> Jordan/Jackson 7:50AM-2:40PM ½ day AM 7:50-11:20 ½ day PM 11:20-2:40	<input type="checkbox"/> Middle School 7:10AM-1:50PM ½ day AM 7:10-10:45 ½ day PM 10:45-1:50	<input type="checkbox"/> High School 7:00AM-1:51PM ½ day 7:00-10:10	<input type="checkbox"/> Roland Green 8:15AM-2:45PM ½ day AM 8:15-11:45 ½ day PM 11:30-2:45
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Are you available every day? \_\_\_\_ Yes \_\_\_\_ No If No, please advise what **day(s) NOT** available:

\_\_\_\_\_

**Educational Background:**

**Graduate of:** \_\_\_\_\_ **High School in** \_\_\_\_\_  
City State

**College:** \_\_\_\_ Yes, I have a college degree \_\_\_\_ No, I do not have a college degree

**Yes: Name of College:** \_\_\_\_\_

**Degree:** \_\_\_\_\_ **Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**No: How many credits earned:** \_\_\_\_ **At which college/university:** \_\_\_\_\_

**License#:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Please list past work experience(s):**

<b>Employer</b>	<b>Employer Address</b>	<b>Dates of Employment</b>

**Please return to:** **Christine Dooling, c/o Jordan/Jackson Elementary School**  
**255 East Street, Mansfield, MA 02048**  
**508.261.7520 / 508.261.7528 Fax**  
[christine.dooling@mansfieldschools.com](mailto:christine.dooling@mansfieldschools.com)