

2016-2017 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):

Employer	Employer Address	Dates of Employment

Please return to: **Christine Dooling, c/o Jordan/Jackson Elementary School**
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508.261.7520 / 508.261.7528 Fax
christine.dooling@mansfieldschools.com