

**PHOENIX CENTRAL SCHOOL DISTRICT**

116 Volney Street  
Phoenix, New York 13135  
(315) 695-1519

**APPLICATION FOR REGISTERED SCHOOL NURSE**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

TELEPHONE: \_\_\_\_\_  
(Business) (Home)

SOCIAL SECURITY#: \_\_\_\_\_ Resident of School District? \_\_\_\_\_  
Resident of Oswego County? \_\_\_\_\_

**EDUCATION AND TRAINING**

Type of School	Name of School	Dates	Date of Graduation	Major and Degrees

BIENNIAL REGISTRATION CERTIFICATE LICENSE# \_\_\_\_\_

STATE GRANTING LICENSE # \_\_\_\_\_ VALID UNTIL \_\_\_\_\_

MILITARY SERVICE: (If Applicable)

Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_ to \_\_\_\_\_ Duty Outside U.S. \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Highest Rank of Grade \_\_\_\_\_ Present Status \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_

**PHOENIX CENTRAL SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER**

**PERSONAL REFERENCES: (Other Than Employers or relatives)**

Name	Address	# Years Occupation	Known	Telephone#

**PRIOR EMPLOYMENT HISITORY** (Please list last or present employer first)

DATES		Name of Employer	Complete Address	Nature of Work	Reason for Leaving
To	From				

May we refer to your past employers? \_\_\_\_\_ Yes \_\_\_\_\_ No  
May we refer to your present employers? \_\_\_\_\_ Yes \_\_\_\_\_ No

**REMARKS:**

List any additional information which you feed is pertinent to the completion of your application for consideration for employment.

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I hereby certify that the information presented on this form is true, accurate and complete. Any falsification will be sufficient cause for disqualification or dismissal. References and personal information which become a part of this record are to be regarded as confidential and will not be revealed to me.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

You are hereby authorized to give the Phoenix Central Schools all information regarding my services, character and conduct while in your employment. This statement releases you from any liability which may result from your furnishing such information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

IF YOU ARE INTERESTED IN BEING PLACED ON OUR SUBSTITUTE NURSE LIST, PLEASE COMPLETE THE REST OF THIS APPLICATION.

IF YOU DO NOT WISH TO SUBSTITUTE, PLEASE STOP HERE.

PHOENIX CENTRAL SCHOOL DISTRICT  
116 VOLNEY STREET  
PHOENIX, NEW YORK 13135

**SUBSTITUTE APPLICATION  
REGISTERED SCHOOL NURSE**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**PLEASE CHECK THE DAYS YO WILL BE AVAILABLE:**

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

**PLEASE CHECK THE SCHOOL(S) IN WHICH YOU ARE WILLING TO WORK:**

_____ Michael A. Maroun Elementary School	_____ Emerson J. Dillon Middle School
_____ John C. Birdlebough High School	

**PLEASE LIST ANY OTHER WORK RESTRICTIONS:**

\_\_\_\_\_  
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