

**BLOUNT COUNTY SCHOOLS
P. O. BOX 578
ONEONTA, ALABAMA 35121**

APPLICATION FOR SUBSTITUTE SCHOOL NURSE POSITION

PERSONAL DATA

Date: _____

Name: _____

Social Security # _____

Telephone: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you ever been convicted of a criminal charge (felony)? _____

Are you interested in substitute nursing? Yes No Please check one of the following: LPN RN

Nursing License #: _____ Date of Expiration: _____

If you are a registered nurse, please check one of the following: ADN BSN MSN

Location preference: Appalachian Blountsville Cleveland Hayden
Locust Fork Southeastern Susan Moore All Locations

EDUCATION

High School: _____

Graduation Date: _____

College: _____

Graduation Date: _____

College: _____

Graduation Date: _____

Work experience as a nurse: _____

REFERENCES

Give two references, including previous employers if possible, who have first hand knowledge of your character, personality, abilities, skills, etc.

Name	Address	Telephone #	Position

Signature: _____