

SCHOOL HEALTH NURSE

QUALIFICATIONS:

1. Applicant must be a registered nurse with a current license.
2. Applicant must have two (2) years of successful nursing experience.
3. Applicant must be able to work with various ethnic groups.
4. Applicant must have proven ability to relate to students and work with all involved professional personnel.

AVOUELLES PARISH SCHOOL BOARD
 221 Tunica Drive West
 Marksville, LA 71351

APPLICATION FOR
 SCHOOL HEALTH NURSE

Date of Application: _____

Social Security No.: _____

LICENSE NO. _____

____ Dr.
 ____ Mr.
 ____ Mrs.
 ____ Miss

____ (First) (Middle) (Last)

Address: _____

____ (Street) (City) (State) (Zip Code)

Business Telephone No.: _____ Home Telephone No.: _____

Birthplace: _____ Date of Birth: _____

Marital Status: _____ No. of children: _____ Height: _____ Weight: _____

Condition of Health: _____ List any physical defects: _____

Professional Training

Name & Address of High School: _____

Year of Graduation: _____

Name & Address of Colleges & Universities	Courses	Semester Hrs. Credit	Degree	Year of Graduation

Work Experience

Beginning with your present employer, list all the professional positions you have held from the present dating back to your first job. Include in the space provided, a brief description of your duties and responsibilities. If you need more space, attach sheets.

(1) Name of Employer: _____

Address: _____ Telephone No. _____

Dates of Service: From _____ To: _____

Job Description: _____

References (con.'t)

List two (2) character references:

NAME	ADDRESS	TELEPHONE NO.	OCCUPATION

General

List any experience not included above which you feel was important in your professional development:

List the professional associations of which you are a member:

List civic and community organizations of which you are a member:

List any honors you have received:

List any publications, papers presented at professional meetings, speeches, etc. (send copies if available):

On a separate page, write a paragraph or so which expresses your philosophy of education and life. Include anything else which you feel is important.(see attached sheet)

Certification

I certify that the answers I have given to each and all of the foregoing questions are true to the best of my knowledge.

(Signature of Applicant)

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Work Experience (con't.)

(2) Name of Employer: _____
Address: _____ Telephone No. _____
Date of Service: From: _____ To: _____

Job Description: _____

(3) Name of Employer: _____
Address: _____ Telephone No. _____
Date of Service: From: _____ To: _____

Job Description: _____

List any work you have done which is not professional in nature (i.e. any summer or part-time employment such as carpentry work, clerking, etc.)

References

List three (3) references to whom we can refer for evidence of your professional capability:

NAME	ADDRESS	TELEPHONE NO.	OCCUPATION

References (con. 't)

List two (2) character references:

NAME	ADDRESS	TELEPHONE NO.	OCCUPATION

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