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.

AVOYELLES PARISH SCHOOL BOARD

221 Tunica Drive West Marksville, LA 71351

APPLICATION FOR SCHOOL HEALTH NURSE

	Date of Applica	ation:		
	Social Security N	No.:		
	LIC	ENSE NO	· · · · · · · · · · · · · · · · · · ·	
Dr.				
Mr.				
Mrs.				
Miss				
(First)	(Middl	le)	(Last)	
Address:	(, (– – –)			
(Street) (C	ity)	(State)	(Zip Code)
Business Telephone No.:	Ho	me Telephone No	.:	
Birthplace:				
Marital Status: No. of c	hildren:	Height:	Weight:	
Condition of Health: List	any physical defe	ects:		
	Professiona	l Training		**************************************
Name & Address of High School:				
	Year of Graduation:			
Name & Address of Colleges &	Courses	Semester	Degree	Year of
Universities		Hrs. Credit		Graduation
	_			***
	Work Exp	perience		
Beginning with your present employe			you have held t	from the present
dating back to your first job. Include	in the space provi	ided, a brief descr		
responsibilities. If you need more spa				
(1) Name of Employer:				
Address: Dates of Service: From	Telephone No To:			
Dates of Service. From		10		
Job Description:				
				

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Keterences (con	´† 1
References (COII.	.,

List two (2) character references:

NAME	ADDRESS	TELEPHONE NO.	OCCUPATION
			,
	G	eneral	
List any experience not inc	luded above which you for	eel was important in your pro-	fessional development:
		<u></u>	
List the professional associ	ations of which you are a	member:	
W-1			
List civic and community of	organizations of which yo	u are a member:	
			
	<u> </u>		
List any honors you have re	eceived:		
List any publications, pape	rs presented at profession	al meetings, speeches, etc. (se	end copies if available):
On a separate page, write a anything else which you fe		xpresses your philosophy of e	ducation and life. Include
anything clae which you re			
I certify that the answers I knowledge.		ification l of the foregoing questions a	re true to the best of my
		(Signat	ure of Applicant)

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	Social Security N	o.:		
	LICE	ENSE NO		<u></u>
Dr.				
Mr.				
Mrs.				
Miss				
(First)	(Middle	e)	(Last)	
Address:				
(Street)	City)	(State)	(Zip Code))
Business Telephone No.:	Home Telephone No.:			
Birthplace:				·
Marital Status: No. of				
Condition of Health: Li				
	Professional			
Name & Address of High School:				
		Yea	r of Graduation	n:
	. <u> </u>	<u></u>		
Name & Address of Colleges & Universities	Courses	Semester Hrs. Credit	Degree	Year of Graduation
		 		
	Work Exp	perience		
Beginning with your present employ	yer, list all the profe	essional positions	you have held f	rom the present
dating back to your first job. Includ	le in the space provi	ded, a brief descr	iption of your d	uties and
responsibilities. If you need more s				
(1) Name of Employer:		Telephone N		
Address: Telephone No. To:				
Job Description:				
				
		<u> </u>		

Work Experience (con't.)					
(2) Name of Employer:					
Address:		Telephone No.			
Date of Service: From:		Telephone, NoTo:			
Job Description:					
(3) Name of Employer:		Telephoné No.			
Address:		Telephoné No			
Date of Service: From		To:			
Job Description:					
List any work you have do such as carpentry work, cl		al in nature (i.e. any summer	or part-time employment		
	Refe	rences			
List three (3) references to	whom we can refer for evi	idence of your professional c	apability:		
NAME	ADDRESS	TELEPHONE NO.	OCCUPATION		
		1			
		1			

References (con.'t)

List two (2) character references:

NAME	ADDRESS	TELEPHONE NO.	OCCUPATION	
T TO THE PARTY OF	1100(000	TEEET HOUSE NO.	0000.7111011	
	Gen	eral		
List any experience not in	cluded above which you fee	I was important in your pro-	fessional development:	
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	<u> </u>			
		·		
List the professional associ	ciations of which you are a n	nember:		
	<u></u>	.		
	··· - .			
List civic and community	organizations of which you	are a member:		
		- <u></u>		
List any honors you have	received:			
				
				
List any publications, pap	ers presented at professional	meetings, speeches, etc. (so	end copies if available):	
		- 		
O mito		wanaa way mhilasamby af a	duantion and life. Include	
anything else which you f	a paragraph or so which expeed is important.(see attache	resses your phhosophy of e d sheet)	ducation and me. Include	
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.				
		(Signat	ure of Applicant)	