

WCBOE use only: FP/BG Date: \_\_\_\_\_  
No Date.Set / Pending / Clear \_\_\_\_\_

## Wayne County School System Application for Nurse Substitute

\*\* Required for all substitutes. An appointment needs to be made with Annette Beck @ WCBOE, 931-722-3548, to set up your fingerprinting/background check. This has to be completed before you can sub at any school. The cost to you is \$32.65. # 35.15

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ 18 yrs or older: Yes \_\_\_ No \_\_\_

Phone Number: Cell \_\_\_\_\_  
Home \_\_\_\_\_

Days Available: \_\_\_\_\_

School Preference for Subbing: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

College: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Previous Work Experience: \_\_\_\_\_  
\_\_\_\_\_

Present Position: \_\_\_\_\_

### References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Signature: \_\_\_\_\_ Attach copy of your license w/this application.

## EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

### LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

**1**

<b>COMPANY NAME</b>	<b>DATES WORKED</b>	<b>POSITION(S) HELD</b>
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ( ) TYPE OF BUSINESS	<b>DUTIES / RESPONSIBILITIES</b>	
NAME OF SUPERVISOR	<b>REASON FOR LEAVING</b>	
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$	ENDING/CURRENT per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$
	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$
		WORK HOURS:

**2**

<b>COMPANY NAME</b>	<b>DATES WORKED</b>	<b>POSITION(S) HELD</b>
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ( ) TYPE OF BUSINESS	<b>DUTIES / RESPONSIBILITIES</b>	
NAME OF SUPERVISOR	<b>REASON FOR LEAVING</b>	
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$	ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$
	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$
		WORK HOURS:

**3**

<b>COMPANY NAME</b>	<b>DATES WORKED</b>	<b>POSITION(S) HELD</b>
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ( ) TYPE OF BUSINESS	<b>DUTIES / RESPONSIBILITIES</b>	
NAME OF SUPERVISOR	<b>REASON FOR LEAVING</b>	
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$	ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$
	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$
		WORK HOURS:

**4**

<b>COMPANY NAME</b>	<b>DATES WORKED</b>	<b>POSITION(S) HELD</b>
ADDRESS, CITY, STATE, ZIP	FROM TO	
PHONE NO. ( ) TYPE OF BUSINESS	<b>DUTIES / RESPONSIBILITIES</b>	
NAME OF SUPERVISOR	<b>REASON FOR LEAVING</b>	
BASE GROSS INCOME \$	STARTING WAGE per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$	ENDING per <input type="checkbox"/> HOUR <input type="checkbox"/> YEAR \$
	<input type="checkbox"/> BONUS <input type="checkbox"/> INCENTIVES	AMOUNT RECEIVED \$
		WORK HOURS:

# Wayne County Board Of Education

P.O. BOX 658

WAYNESBORO, TENNESSEE 38485

**MARLON DAVIS**  
Superintendent

**ANDY YARBROUGH**  
Chairman

## Substitute Terms of Agreement

I \_\_\_\_\_ understand and agree to the terms below for  
substituting in any area with the Wayne County School System.

Print Name

**My initials below indicate that I have read and accept all terms and agree to the following:**

\_\_\_ I understand I am not eligible for any insurance benefits unless meeting the requirements under the Affordable Healthcare Act.

\_\_\_ I understand that I do not earn any annual leave.

\_\_\_ I understand this position is an as needed basis and is not part-time/full time employment.

\_\_\_ I understand that this position does not allow me to be eligible for unemployment benefits when I am not working. (example: summer term, holidays or any other breaks in the school calendar year) TCA 50-7-302

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date