

Hingham Public Schools

220 Central Street
Hingham, Ma. 02043
Telephone- 781-741-1500
Fax- 781-749-7457

SUBSTITUTE NURSE APPLICATION

Name:

Address:
.....

Telephone: Home _____ Cell _____ E-mail address _____

Levels will cover: High School ----- Middle School ----- Elementary -----

Certifications

Name of Certification/license	Certification/License	Expiration Date
Massachusetts RN License		
DOE Certification		
CPR Certification		
Other-		

Education

	Name of School	Major Studied	Dates Attended	Degree Received
High School				
Undergraduate				
Graduate				

Nursing Experience - (Please list most recent experience first)

Employer	Position Held	Dates	Contact Person	Telephone

References

Name	Address	Relationship	Telephone

It is the policy of the Hingham Public Schools that all programs, activities, courses of study, and employment opportunities are offered without regard to age, race, color, sex, religion, national origin, sexual orientation, gender identity, or disability.

In accordance with the Massachusetts CORI (Criminal Offender Record Information) law, all prospective employees of Hingham Public Schools are required to complete a CORI form. You should also be aware that Massachusetts has a new component of that law which requires fingerprinting for all to whom the CORI law applies. Your signature below indicates your understanding that meeting the fingerprinting requirement is a prerequisite to continued employment. *

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant. It is agreed and understood that, if hired, the employee may be on a probationary period during which he/she may be discharged.

I have completed this application to the best of my knowledge, and I believe and attest that the information presented is true and accurate.

Signature

Date

*For licensed staff, the fingerprinting fee is \$55 and the responsibility of the employee.
For support staff, the fingerprinting fee is \$35 and the responsibility of the employee.

For Administrative Use Only

Interview Date: _____ by: _____ Recommended ___ Not Recommended ___

Comments (if any): _____

Superintendent Approval: _____ Date _____