

# Berkley Public Schools Berkley, Massachusetts

Return completed application w/these required documents:

\_\_\_\_\_ Nursing License

\_\_\_\_\_ MA DESE Certification

\_\_\_\_\_ College Transcripts or Degree

Upon Hire:

\_\_\_\_\_ Criminal Background History (CORI, Fingerprint checks)

\_\_\_\_\_ Payroll Forms (Ethics Cert., ID's)

Date \_\_\_\_\_

## APPLICATION – School Nurse

1. Position(s) for which you are applying:

\_\_\_\_\_

2. Name \_\_\_\_\_  
Last First Middle

3. Address \_\_\_\_\_

Telephone: \_\_\_\_\_ E mail address: \_\_\_\_\_

4. Secondary School(s):

Name	Location	Date of Graduation

5. College(s) or Trade School(s):

Name	Dates Attended	Degree	Major Subject	Minor Subject

6. Please describe any specialized training or licenses

\_\_\_\_\_

7. Work Experience:

Employer & Location	Position	Reason for Leaving	Dates
Description of Work Responsibilities:			
Description of Work Responsibilities:			
Description of Work Responsibilities:			

8. **References:** Please list individuals qualified to give information to support your qualifications for the position you seek.

Name	Address + zip code	Telephone	Title/Occupation

9. The Berkley School Committee reserves its right to request or consider **Criminal Offender Record Information (CORI)** when it takes action on this application for employment.

10. **I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Berkley Public Schools or disqualification of my employment application. I agree to these conditions, and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.**

Signature \_\_\_\_\_

Please return completed application to the following address:

**Superintendent of Schools, Berkley Public Schools, 21 North Main Street, Berkley, MA 02779  
Telephone 508-822-5220**

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability.

This application will be kept on file for a period of two years only, unless we are notified in writing that you wish to keep your file active.

8/6/19