

**Berkley Public Schools
Berkley, Massachusetts**

Return completed application w/these required documents:
 _____ Nursing License
 _____ MA DESE Certification
 _____ College Transcripts or Degree
 _____ CORI form, Driver's license
 _____ Fingerprinting
 _____ Treasurer's Office/Town Hall: Ethics Cert., Payroll forms

Date _____

SUBSTITUTE School Nurse Application

1. **School Preferred:** _____
 (Community School or Middle School)

Days/Week Preferred: _____

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 **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

EOE/Applicants are considered for all positions without regard to race, color, sex, gender identity, religion, national origin, sexual orientation 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.