

USD #293
NURSING APPLICATION FOR EMPLOYMENT
601 Gove Street, Quinter, KS 67752 785-754-2470

Applicants Full Name _____
(Last name) (First) (MI) (Maiden)

Mailing Address _____
(Street) (City) (ST) (Zip)

Telephone Numbers _____
(home) (business)

Do you hold a valid Kansas State Board of Nursing License? _____ Yes _____ No

Type of Certificate and Expiration _____ License #: _____

Are you a U.S. Citizen? _____ Yes _____ No

Applicant Job Application Acknowledgments

1. I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.
2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you.
3. I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.
4. I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation, and I release you from all liability for any damages that may result from your doing so. I understand that a request may be made for a criminal background investigation and a release may need to be signed to give USD 293 authorization before employment may be approved.

Signature of Applicant

Date

USD 293 does not discriminate on the basis of sex, race, color, national origin, disability, or age in admission or access to or treatment or employment in, its programs or activities. Any questions regarding compliance with Title VI, Title IX, or Section 504 may be directed to the Superintendent of Schools, who can be reached at 601 Gove Street, Quinter, Kansas 67752 or calling 785-754-2470. Concerns may also be addressed by contacting the Assistant Secretary for Civil Rights, U.S. Department of Education.

All sections of this page must be completed entirely.

NURSING PREPARATION

INSTRUCTIONS: Include all college and university preparation.

College or University Name and Location	Dates Attended	Degree or Diploma

NURSING EXPERIENCE

(Most Recent Position First)

Dates	Full or Part Time	Medical Facility	Name of Supervisor

EXPERIENCE OTHER THAN NURSING

Dates	Type of Work	Location	Name & Address of Employer

PROFESSIONAL REFERENCES

List persons who you are willing to have contacted for confidential recommendations.

Name	Present Complete Address And Phone Number	Position at Present

OTHER INFORMATION

1. List nursing computer programs you have used: _____

2. List any honors received before or since graduation: _____

3. An interview is required for employment. Are you willing to come to Quinter for an interview at your own expense? If yes, indicate convenient dates. _____

4. If offered and conditions prove satisfactory, do you have any plans which would prevent you from staying in this district at least 10 years? _____

5. List your interactions with the pediatric/adolescent population: _____

6. What special strengths, talents and/or unique qualities do you possess which might be useful in your employment. _____

CONCLUDING QUESTIONS

Please answer the following questions in your own handwriting.

1. Why do you want to be a nurse in the Quinter Public Schools?

2. What about your nursing career is most rewarding to you?

3. What approaches do you find to be most effective in comforting ill students/patients?

4. What do you want to accomplish as a school nurse?

5. Why do you desire to leave your present position or why did you leave your last position?

6. Other than minor traffic offence for speeding, parking violations, etc., have you ever been convicted of any criminal offence? Yes or No
If yes, please explain:

Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying.

7. Have you ever been involuntarily terminated from employment? Yes or No
If yes, please give the name of the employer, the date and the reason for termination.

8. Are you aware of any reason you would not be able to perform the duties of the position for which you are making an application?

This nurse application is only one part of your applicant file.
To complete your applicant file the following additional items need to be provided:
Kansas State Board of Nursing license and resume