

CAMERON PARISH SCHOOL BOARD
Stephanie Rodrigue, Superintendent
510 Marshall Street
Cameron, LA 70631
Phone: 337-775-5784 Fax 337-775-5097
www.camsch.org

OFFICE USE ONLY

Application for School Nurse

Date: _____

Application For: Registered Nurse Licensed Practical Nurse

Name of School to which you are applying: _____

NOTICE TO APPLICANT: The Cameron Parish School Board does not knowingly discriminate against any employee or applicant for employment on the basis of race, color, religion, gender, age, national origin, handicap, or status as a Vietnam era or disabled veteran. This policy encompasses recruitment, selection, assignment, promotion, transfer, termination, compensation, training and apprenticeship, and all other terms, conditions, benefits and privileges associated with employment. This policy extends to the educational programs and activities operated by the state, districts, and schools. Discrimination is specifically prohibited by Title IX of the Education Amendments of 1972, as amended, and Title 45, Subtitle A, Part 66, of the implementing regulations administered by the Director of the Office of Civil Rights of the United States Department of Health, Education, and Welfare.

Section I Personal Information

Name _____	
Social Security Number _____	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are not a U.S. citizen, do you have a legal right to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, send supporting documents)	
Current Phone _____	Alternate Phone _____
Email Address _____	
Permanent Mailing Address _____	
Current Mailing Address <input type="checkbox"/> same as permanent address <input type="checkbox"/> different and valid until (month/day/year) _____	

Have you ever worked in a Louisiana school system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a non-teaching position in a Louisiana school system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you retired from a Louisiana retirement system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name the school system from which you retired _____	Date of Retirement _____
Are you currently licensed for the position for which you are applying? <input type="checkbox"/> Licensed <input type="checkbox"/> Not licensed, but have applied.	

Section II School Desired

Preferred School Assignment :	
1 st choice _____	
2 nd choice _____	
3 rd choice _____	
Are you willing to serve as a child-specific nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list reasons _____	

Section III Academic Record (beginning with the most recent)

Institution and Location	Dates of Attendance From	Dates of Attendance To	Degree & Date Awarded or Expected	Major or Field of Study	GPA in Major/ GPA Overall
	Mo/Yr	Mo/Yr			
	Mo/Yr	Mo/Yr			
	Mo/Yr	Mo/Yr			
	Mo/Yr	Mo/Yr			

Explain any instances of probation, dismissal, and/or withdrawal from a course and/or failing grades. Also, describe any extenuating circumstances that may have affected your college grade point average (GPA).

Section IV Employment Information – School Nurse Experience (beginning with the most recent)

Dates From To		School District	Position	Name, Address, and Phone Number of School District	Reason for Leaving
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				
MO/YR	MO/YR				

Section V Employment Information – Other Than School Nurse (beginning with the most recent)

Include part-time work and education related experiences.

No additional employment experience

Dates		Position	Name, Address, and Phone Number of Employer(s)	Reason for Leaving
From	To			
MO/YR	MO/YR			
MO/YR	MO/YR			
MO/YR	MO/YR			
MO/YR	MO/YR			

Section VI Certification Information

Do you hold a valid license? Yes No No, but have applied

If yes, is your Louisiana license: current expired?

Louisiana License: RN LPN Number _____ Issue Date _____

Section VII Professional References

A minimum of two (2) references must be submitted.

Name and Position	Name of Business Name	Complete Mailing Address	Telephone Number (including area code)

An Equal Employment Opportunity/Affirmative Action Employer

Section VIII Additional Information

1. When will you be available? (month/day/year) _____
Are you currently under contract? Yes No Expiration Date _____
Where are you under contract? _____

2. Are you related to an employee/board member of the school district(s) to which you are applying?
 Yes No If yes, list employee/board member's position and relationship.

Employee's Position _____ Relationship _____
Employee's Position _____ Relationship _____
Employee's Position _____ Relationship _____

3. Have you ever been convicted of a felony? Yes No

4. Have you ever been convicted of an offense against the law or are you now under charges for any offense against the Law?
You may omit: (1) traffic violation other than conviction for driving intoxicated; and (2) any offense committed before your 17th birthday which was finally adjudicated in a juvenile court or under a Youth Offender law. Yes No

5. While in the military service were you convicted by a general court-martial? Yes No

6. Have you ever been terminated or recommended for dismissal by your employer? Yes No

Section IX Release of Information

Release of Assessment and Evaluation Information
La. R.S. 17:3884(D) requires that any school board wishing to hire a person who has been assessed or evaluated pursuant to the Children First Act, La. R.S. 17:3871, *et seq.*, whether that person is already employed by that school board system or not, shall request such person's assessment and evaluation results as part of the application process. Please be advised that, as part of the mandated process, your previous assessment and evaluation results will be requested. You have the opportunity to apply, review the information received, and provide any response or information you deem appropriate.

Misconduct Disclosure
I authorize you to make investigations and inquiries of my personal, employment, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from liability in responding to inquiries in connection with my application. School boards within Louisiana reserve the right to reject an incomplete application and further reserve the right to dispose of any application which is not current in one-year period. References and personal information which become a part of this record are to be regarded as confidential and shall not be revealed to me. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employing authority, if employed.

I certify that answers given herein are true and complete to the best of my knowledge. I have read and agree with the information provided to me.

Signature _____ Date _____

