



**REFERENCES:**

List three (3) people who can give a personal or business reference for you:

<i>NAME</i>	<i>ADDRESS</i>	<i>OFFICIAL POSITION</i>	<i>PHONE</i>
1.			
2.			
3.			

Why would you like to be employed at Iroquois? (Please write in your own handwriting)

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Please list any special skills or training you have that would add significance to your application:  
(You may attach a resume or use additional paper if needed.)

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**PHYSICAL AND HEALTH:**

Do you have any physical, mental or medical impairments or disabilities which would interfere with your ability to reasonably perform any of the jobs for which you have applied? \_\_\_\_\_

**IF SO, PLEASE, LIST:**

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PERSONAL INFORMATION:

Have you ever previously worked for the District? \_\_\_\_\_

If YES, state dates and positions(s) held: \_\_\_\_\_

Have you ever worked for the district under another name: \_\_\_\_\_

List all relatives currently working for the District other than your spouse:

<i>NAME</i>	<i>JOB TITLE</i>	<i>AREA OR BUILDING</i>	<i>RELATIONSHIP</i>

Are you now employed: \_\_\_\_\_

If YES, why do you wish to change? \_\_\_\_\_

If presently employed, have you given notice? \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

If hired, what date will you be available: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No

If YES, provide the details including dates, places and disposition:

\_\_\_\_\_  
\_\_\_\_\_  
THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR MY DISMISSAL REGARDLESS OF WHEN THIS IS DISCOVERED BY THE DISTRICT. I HEREBY AUTHORIZE INVESTIGATION OF THE TRUTH AND COMPLETENESS OF THE INFORMATION CONTAINED IN THIS APPLICATION INCLUDING CHECKING WITH SCHOOLS, PRIOR EMPLOYERS AND LAW ENFORCEMENT AGENCIES.  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

FOR DISTRICT USE ONLY

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Interviewed by: \_\_\_\_\_  
(Date and Initials)

Employment/Education Verification done by: \_\_\_\_\_

Position offered:    \_\_\_\_\_ Yes    \_\_\_\_\_ No           Starting Date: \_\_\_\_\_

Position accepted:    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Hired By: \_\_\_\_\_

Department: \_\_\_\_\_

Remarks:

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IROQUOIS CENTRAL SCHOOL DISTRICT  
P O BOX 32  
ELMA NY 14059-0032

SUBSTITUTE NURSE QUESTIONNAIRE

(Please print/type)

Name \_\_\_\_\_ Home Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_ Other # where you can  
be reached \_\_\_\_\_  
\_\_\_\_\_ In case of emergency, notify \_\_\_\_\_  
At Telephone No. \_\_\_\_\_

Currently licensed in NY State? Yes \_\_\_ No \_\_\_  
Registered Nurse License Number \_\_\_\_\_  
Licensed Practical Nurse License Number \_\_\_\_\_

Substitute area(s): Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_ All \_\_\_\_\_

- 1) I **DO** wish to be included on the Substitute Nurse List.
- 2) I **DO NOT** wish to be included on the Substitute Nurse List.
- 3) I am available on the following days (Circle those days available):

**Monday    Tuesday    Wednesday    Thursday    Friday**

- 4) I am available after:  
    \_\_\_ 7:00 A.M.            \_\_\_ 8:00 A.M.            \_\_\_ 9:00 A.M.
- 5) I am available for:  
    \_\_\_ full days            \_\_\_ half days            \_\_\_ A.M. or P.M.            only (please specify)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Whenever possible, you will be given prior day advance notice of substitute duties as they become available. From time to time, however, emergencies do arise which may require same-day notification.

Thank you for expressing an interest in the Iroquois Central School District.

**RETURN QUESTIONNAIRE TO:**  
IROQUOIS CENTRAL SCHOOL  
ATTN: SANDRA GMERK  
P.O. BOX 32  
ELMA NY 14059-0032

## SCHOOL NURSE

**GENERAL STATEMENT OF DUTIES:** Renders professional nursing care in the examination and care of school children; does related work as required.

**DISTINGUISHING FEATURES OF THE CLASS:** This is responsible professional work with considerable leeway for the exercise of independent judgment in performing daily health inspection and relaxed nursing services to school children. Duties are performed according to established medical procedures and objectives outlined by school authorities.

### **EXAMPLE OF DUTIES:**

Examines school children after absence from illness;

Contacts parents to see that health defects are corrected by the family or by a public agency;

Assists in administering annual vision, hearing tests and physical examinations;

Communicates with the various teachers and principals of the school relative to the health of the children in attendance at school;

Performs nursing care in administering daily first aid to the students;

Assists in the immunization clinics by administering D&T, Smallpox, Polio, Tuberculin and other immunizations to the school children.

### **KNOWLEDGES, SKILLS AND ABILITIES:**

#### **RECRUITING REQUIREMENTS,**

Good knowledge of professional nursing principles, procedures and terminology; good knowledge of the principles and practices of public and child health; ability to get along well with children; ability to establish and maintain cooperative relations with teachers and the general public; sound professional judgment; initiative and resourcefulness; industry and dependability; good physical condition.

**EXPERIENCE AND TRAINING:** Graduation from an accredited school of nursing, license and registration to practice as a registered professional nurse in the State of New York.