

Grand Island Public Schools
123 South Webb Road
P.O. Box 4904
Grand Island, NE 68802-4904

APPLICATION FOR EMPLOYMENT (RN OR LPN)

DATE _____ SS # _____

NAME _____
Last First Middle

ADDRESS _____
_____ City State Zip

HOME PHONE _____

PRESENT POSITION _____

EMPLOYER NAME & ADDRESS _____
_____ City State Zip

PROFESSIONAL DATA

Indicate any special areas you have worked: _____

Nebraska License(s) you hold:

_____ Type Number Date Expires

Out of State License(s) you hold:

_____ Type Number Date Expires

When will you be available for work in this school system?

Check all that you would consider:

Full Time Part Time Will Substitute

EDUCATIONAL AND PROFESSIONAL TRAINING

Name and Location of School	Diploma/Degree	Cumulative Grade Point Average	Sem. Hours Completed (If applicable)
High School			
Undergraduate (Preparation prior to beginning nursing)			
Graduate (Preparation after beginning nursing)			

Other _____

Practice Nursing completed where? _____

When? _____

Name of Co-operating Supervisor _____

EMPLOYMENT OTHER THAN NURSING

Kind of Work	Employer	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL EXPERIENCE (Begin with most recent position)

Hospital or Institution & Location	Telephone	Position	Supervisor	Dates (To: From:)

Present Annual Salary _____ Salary Expected _____

May we contact your current employer? Yes No

REFERENCES (If an experienced nurse, include supervisors with whom you have worked. Please list most recent first.)

Name	Position	Complete Address	Telephone #

If applicable, please have a set of credentials sent to our office to complete your application. Please state which college has your credential file: _____

PROFESSIONAL GROWTH

1. What are your most important reasons for entering into the nursing field?
2. What is it that gives your professional life meaning?
3. What are your reasons for wanting to work in the Grand Island Public Schools?

4. What plans do you have for increasing your effectiveness as a nurse in the years ahead?

PERSONAL DATA

Have you ever received a ticket, been charged with an offense, been arrested or been convicted for a criminal offense relating to sexual or physical abuse? Yes No

If you answered "Yes" to the above question, you must explain each situation including location(s), date(s), agency(ies) involved, and the outcome of each ticket, charge or arrest (Use an attachment if needed):

Have you ever had any license, permit, or certificate terminated, revoked, suspended, received a private or public reprimand or admonishment from a licensing agency or been subject to a judicial restraining or contempt order? Yes No

If you answered "Yes" to the above question, you must attach an explanation of each situation including location(s), date(s), agency(ies) involved, and the outcome of each situation (Use an attachment if needed):

Have you ever been involuntarily terminated or asked to resign, or resigned in lieu of termination from employment? Yes No

If you answered "Yes" to the above question, you must explain each situation including the name of the employer(s), the date(s) and reason(s) for the resignation or termination.

To be an employee of Grand Island Public Schools, you must be a citizen of the United States or have authorization from the Immigration and Naturalization Service to work.

Are you a United States citizen? Yes No If no, do you have Employment Authorization? Yes No

My signature below authorizes the school district to conduct a background investigation and authorize release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions post offer, driving records, previous employers and educational institutions, personal references, and other appropriate sources. I waive my right of access to any such information or any liability with its release or use.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, falsification or misrepresentation made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district. I further understand that employment in a classified position would be on an at will basis, terminable at will.

Signature of Applicant

Notice to Applicant: This application will be kept in the current file for **six** months. If you are not hired within that time, you will need to complete a new application form. It is the policy of the Grand Island Public Schools not to discriminate on the basis of race, color, national origin, sex, age, disability, religion, or marital status in its educational programs, activities or employment policies as required by Title VI, Title IX and Section 504. EOE/AA Rev. 6-20-14