

BUCKEYE LOCAL SCHOOL DISTRICT
ADMINISTRATIVE OFFICES
6899 State Route 150
Dillonvale, Ohio 43917
Phone: (740) 769-7395 546-4900 598-4160

CERTIFIED PERSONNEL APPLICATION FORM
(NURSING POSITION ONLY)

A. GENERAL INFORMATION

Date ____/____/____

Name of Applicant _____
(Last) (First) (Middle) (Maiden)

Present Address _____
(Street) (City) (State) (Zip)

Permanent Address _____
(Street) (City) (State) (Zip)

Telephone Number - Present _____ Permanent _____
(Area Code) (Area Code)

B. PERSONAL DATA

1. Social Security # _____ 2. Marital status _____

3. Number of children _____ 4. If married, give husband's or wife's first name: _____

5. Condition of health: _____

6. Physical Defects which would hinder job performance: _____

7. Are you a citizen of the U.S.? _____ 8. Have you ever been convicted of a felony? _____

9. Of what professional associations are you a member? _____

10. Why do you wish to work in the Buckeye Local School District?

11. Are you presently employed? _____ If yes, why do you wish to leave your present position?

12. What is your present annual salary? _____ How long have you been employed? _____

13. If not employed at present, what was your last annual salary _____

14. At the time of making this application, are you under contract for the ensuing year? _____

15. Are you willing to be personally interviewed? _____

16. What certificate(s) do you now have in force?

Kind of Certificate(s)	State	Number	Date of Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Years of active military service _____ Type of discharge _____

18. Are you willing to accept extracurricular activity assignments? _____ If so, please list special interest areas: _____

C. EDUCATIONAL PREPARATION:

SCHOOL	DATES ATTENDED	NAME & LOCATION OF INSTITUTION	YEAR OF GRADUATION	SEM. HRS. TOTAL	DIPLOMA/ DEGREE REC'D
1. High School	_____	_____	_____	_____	_____
2. College or University	_____	_____	_____	_____	_____
3. College or University	_____	_____	_____	_____	_____
4. Special Courses	_____	_____	_____	_____	_____

D. EXPERIENCE:

Total Experience in years _____

List below the places where you have done full-time nursing:

Place	Dates
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

E. REFERENCES: Five references **are required.** Include at least one previous employer and one personal reference.

Name	Title	Phone No.	Complete Mailing Address

CERTIFICATION

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interviews may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature of Applicant _____ Date _____

OFFICE RECORD (Not to be completed by applicant)

Date Received _____
Reviewed by _____
Interviewed by _____
Date Interviewed _____
References Sent (Date) _____
References Received (Date) _____
Date Employed (If Applicable) _____

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Buckeye Local Schools Board of Education that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, sex, or disabling conditions.