



**PARIS SPECIAL SCHOOL DISTRICT
1219 HIGHWAY 641 SOUTH
PARIS, TN 38242
(731) 642-9322
(731) 642-9327 FAX**

SCHOOL NURSE APPLICATION

Application Date _____ Social Security Number _____

Name _____
Last First Middle

Address _____

Phone () _____

POSITION FOR WHICH YOU ARE APPLYING

PROFESSIONAL LICENSES, REGISTRATIONS AND/OR CERTIFICATIONS

Type	State Issued	Date	No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Area of Specialization: _____

EDUCATION

List most recent educational activity first

School/Location	Area of Study	Diploma/Degree	Date Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE

List in order beginning with the most recent

Employer/Location	Primary Responsibility	Supervisor	Date Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES

List three

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL AFFILIATIONS

BRIEFLY DESCRIBE WHAT YOU BELIEVE TO BE THE MOST IMPORTANT REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING AND EXPLAIN WHY YOU FEEL YOURSELF TO BE QUALIFIED TO FULFILL THOSE REQUIREMENTS.

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. A COPY OF YOUR CURRENT TENNESSEE LICENSE MUST BE ATTACHED.

PLEASE READ CAREFULLY BEFORE SIGNING:

It is required by TCA 49-5-406 and TCA 49-5-413 that the Tennessee Bureau of Investigation conducts a criminal background check (including finger-printing) before employment is considered.

Signature: _____ Date: _____

In accordance with Federal law the Paris Special School District does not discriminate on the basis of race, color, national origin, religion, sex, age or disability in its education programs, activities or employment.

TO ALL APPLICANTS:

The Paris Special School District is legally required to ask you to complete this information because of the requirements in Title VI of the Civil Rights Act of 1964. You are not required to complete the questionnaire. It will be removed from your application and placed in a different folder for data collection purposes only.

DIRECTIONS: Please circle only one response for each choice.

A. Gender male female

B. Disability yes no

C. Veteran yes no

D. Age (over 65) yes no

E. Language: (May have more than one choice).

1. English as a Second Language
2. Non-English Language background
3. Limited English Proficiency
4. English as dominant language
5. My primary language is: _____

F. Ethnicity:

1. Asian
2. Black
3. Caucasian
4. Hispanic
5. Native American
6. Pacific Islander
7. Other _____

G. Place of Birth:

Country _____