

**WEST LONG BRANCH PUBLIC SCHOOLS  
WEST LONG BRANCH, NEW JERSEY**

**Application - Substitute Nurse**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**EDUCATION BACKGROUND**

	School Name	Graduated (Yes/No)
High School	_____	_____
College	_____	_____
College Credits only	_____	Number of Credits: Major:
Other Training: Vocational, Technical or Trade School	_____	_____

**EMPLOYMENT RECORD**

Starting with your present, or most recent, employment, please complete the section below. Include self-employment, part-time and summer jobs.

Company Name/Location:
Type of Work Performed:
Dates of Employment:
Reason for Leaving Employment:

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**EXPERIENCES WORKING WITH CHILDREN**

Please indicate any experiences, paid or volunteer, which you have had working with children.

Type of Experience:
Paid or Volunteer:
Dates of Experience:

Type of Experience:
Paid or Volunteer:
Dates of Experience:

Type of Experience:
Paid or Volunteer:
Dates of Experience:

**REFERENCES**

Please list the names, addresses and phone numbers of three people who would have knowledge of your character and/or work visits. These persons must not be related to you.

Name	Address	Phone	Relationship
1.			
2.			
3.			