

APPLICATION FOR EMPLOYMENT

Nurse



Place of High School
Graduation or Equivalency

Meigs Local School District
41765 Pomeroy Pike
Pomeroy, Ohio 45769

Name _____

Address _____

Date _____

City & State _____

Telephone _____

Email _____

Cell Phone _____

1. Previous Employment – List present or last employment first

Dates Worked	Name of Employer	Type of Work Done	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Certificates/Licenses (State Issued; Kind; Date of Expiration):

3. Below, please tell of your experiences which you feel would be of help to you as a nurse in the Meigs Local School District. Use another sheet if necessary.

4. References:

Please furnish the names of persons who are not related to you, who know of your work and who can give information as to your character and dependability.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is the policy of the Meigs Local Board of Education that no staff member or candidate for such a position in this District shall, on the basis of race, color, religion, national origin, creed or ancestry, age, sex, marital status, or disability, be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to, discrimination in any program or activity for which the Board is responsible or for which it receives financial assistance from the U. S. Department of Education.