

**FAYETTEVILLE - MANLIUS**  
**CENTRAL SCHOOL DISTRICT**  
8199 E. SENECA TURNPIKE, MANLIUS NY 13104-2140  
(315) 692-1209

FOR OFFICE USE

F'prt. Mandate \_\_\_\_\_  
Business Off. \_\_\_\_\_  
BOE Approv. \_\_\_\_\_  
SED F'prt. Cl. \_\_\_\_\_

**APPLICATION FOR SCHOOL NURSE**

I am interested in:

☐

Nurse

☐

Substitute Nurse

☐

Both

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Phone number you prefer to be first contacted at: Home \_\_\_\_\_ Cell \_\_\_\_\_

**TRAINING**

College

Dates  
Attended

Month/Year  
Graduated

Degree Held  
and Major


**\*\*NURSING REGISTRATION CERTIFICATE AND CPR/AED CERTIFICATION**

Please include a copy of your New York State Registration Certification for Registered Professional Nurse with your application and a copy of your CPR/AED certification.

**NURSING EXPERIENCE**

Location

Position

Dates Employed


Level preference (High School, Middle School, Elementary) \_\_\_\_\_

Have you been fingerprinted? Yes\_\_\_\_ No\_\_\_\_ When? \_\_\_\_\_

Have you had your fingerprints submitted to the NY State Education Department? Yes\_\_\_\_ No\_\_\_\_

Have you ever been convicted of a crime? Yes\_\_\_\_ No\_\_\_\_

If yes, explain \_\_\_\_\_

Have you ever submitted an application to the Fayetteville-Manlius School District? Yes\_\_\_\_ No\_\_\_\_

If so, for what position? Position:\_\_\_\_\_ When:\_\_\_\_\_

Have you ever been employed by the Fayetteville-Manlius School District? Yes\_\_\_\_ No\_\_\_\_

If yes, state position and dates: Position:\_\_\_\_\_ Dates:\_\_\_\_\_

## **REFERENCES**

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone - Indicate if work (W), home (H) or cell (C) \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone - Indicate if work (W), home (H) or cell (C) \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone - Indicate if work (W), home (H) or cell (C) \_\_\_\_\_

I certify that all statements made by me on this application are true and complete. I understand that any false or misleading statements made by me will be considered justification for disqualification of my application and termination of employment.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

The Fayetteville-Manlius School District does not discriminate on the basis of age, ethnic background, religion, creed, disability, marital status, gender, sexual orientation, veteran status, country of origin, or race in the educational programs and activities which it operates.