

**Simsbury Public Schools**  
**933 Hopmeadow Street**  
**Simsbury, CT 06070**  
**HEALTH SERVICES APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Connecticut RN License Number \_\_\_\_\_

**POSITION FOR WHICH YOU ARE APPLYING:**

- Regular Nursing Position  
 Substitute Nursing Position

**DATE OF APPLICATION:** \_\_\_\_\_

Is there anything that will prevent you from performing the duties of the position for which you are applying? If so, please explain.

\_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL TRAINING:**

	Name	City/State	Earned Degree
<b>High School:</b>			N/A
<b>Undergraduate:</b>			
<b>Graduate:</b>			

**WORK EXPERIENCE:** (Please begin with most current experience - please attach a resume.)

Firm	Address	Duties	Dates of Employment	Reason For Leaving

**REFERENCES:** Give complete names and addresses of those who have closely supervised your work as an employee.

Full Name	Title	Complete Address	Phone Number	E-Mail Address

If you are presently working, may we contact your present employer? \_\_\_\_ yes \_\_\_\_ no

When can you accept a position? \_\_\_\_\_

### Notice of Non-Discrimination

The Board of Education will not make employment decisions (including decisions related to hiring, assignment, compensation, promotion, demotion, disciplinary action and termination) on the basis of race, color, religion, age, sex, marital status, sexual orientation, gender identity or expression, national origin, ancestry, disability, pregnancy or genetic information, except in the case of a bona fide occupational qualification.

I certify that all statements made on this application are true, complete, and correct to the best of my knowledge and are made in good faith. Any misstatement or omission of material facts on this application may be cause for immediate dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

After completion of this entire application, please return it with the following materials:

- 1) Initial letter of inquiry
- 2) Written Reference Letters if available
- 3) Copy of RN License
- 4) Copy of current CPR and First Aid card

Return application to:  
Human Resources Office  
Simsbury Public Schools  
933 Hopmeadow Street  
Simsbury, CT 06070  
(860) 651-3361 phone  
(860) 651-4343 fax