

DERRY COOPERATIVE SCHOOL DISTRICT
SCHOOL ADMINISTRATIVE UNIT #10
18 South Main Street
Derry, New Hampshire 03038
(603)432-1210
www.derry.k12.nh.us

APPLICATION FOR SUBSTITUTE NURSE
(Please Print or Type)

Date: _____

PERSONAL DATA:

A. Name: _____
Last First (Maiden) (Middle)

B. Present Address: _____ *Cell phone # _____
Street

_____ *Home phone# _____

City State Zip Code * Please check box of preferred phone number

LICENSE:

A. Nursing License: _____
Number Type Exp. Date

APPLICATION:

Available Date: _____

Is this application in response to a recent advertisement? _____ Yes _____ No

If yes, which publication(s)? _____

Include in this space additional information which you feel may be meaningful to us in our assessment of your application.

I will be available to nurse during the _____ school year on a substitute basis at:

- | | |
|--|---|
| <input type="checkbox"/> Derry Village Elementary School | <input type="checkbox"/> Gilbert H. Hood Middle School |
| <input type="checkbox"/> East Derry Memorial Elementary School | <input type="checkbox"/> Grinnell Elementary School |
| <input type="checkbox"/> Ernest P. Barka Elementary School | <input type="checkbox"/> South Range Elementary School |
| | <input type="checkbox"/> West Running Brook Middle School |

I am available to substitute every day during the school year and at any time during the regular school day, with the following exceptions:

None

List hours of day unavailable

List days of week unavailable

List week or months unavailable

I understand it is my responsibility to notify the S.A.U. office of any changes in any of the above information. Further, it is my understanding that any untruthful answers contained in the various questions in this form will constitute grounds for dismissal.

Date

Signature

