



Mountaintop

CHRISTIAN ACADEMY

Certified School Nurse Application

Full Name: _____

Desired Position: _____

Professional Personnel ID (TIMS/PERMS): _____

City: _____ State: _____

Street: _____

Zip-Code: _____ Phone Number: _____

Email Address: _____

Date Available for Employment: _____

If not employed full time, are you interested in substitute positions? Yes No

List all Certifications: Attach photocopies.

Type of Certification	Issuing State	Date Issued

Educational Background: Attach photocopies of diplomas.

	Institution/Location	Major/Minor	Diplomas, Degrees, or Credits	Grade Point Average (GPA)
High School				
College/University				

College/University				
Graduate Study				
Graduate Study				

Experience: List present or most recent first.

#1:

Name of Employer: _____

City: _____ State: _____

Street: _____

Zip-Code: _____ Phone Number: _____

Your Title: _____ Dates: _____

Responsibilities: _____

Reason for Leaving: _____

Name & Title of Supervisor: _____

#2:

Name of Employer: _____

City: _____ State: _____

Street: _____

Zip-Code: _____ Phone Number: _____

Your Title: _____ Dates: _____

Responsibilities: _____

Reason for Leaving: _____

Name & Title of Supervisor: _____

#3:

Name of Employer: _____

City: _____ State: _____

Street: _____

Zip-Code: _____ Phone Number: _____

Your Title: _____ Dates: _____

Responsibilities: _____

Reason for Leaving: _____

Name & Title of Supervisor: _____

References: References should include supervisors or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced certified school nurses should include the superintendent and principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

Name	Position	Address	Telephone

General Background Information:

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

Were you ever convicted of a criminal offense?	Yes	No
Are you currently under charges for a criminal offense?	Yes	No
Have you ever forfeited bond or collateral in connection with a criminal offense?	Yes	No
Within the last ten years, have you been fired from any job for any reason?	Yes	No
Within the last ten years, have you quit a job after being notified that you would be fired?	Yes	No
Have you ever been professionally disciplined in any state? Professional discipline means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government, such as the Pennsylvania Professional Standards and Practices Commission.	Yes	No
Are you subject to any visa or immigration status, which would prevent lawful employment?	Yes	No

Note: If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.

Clearances: Please attach the following:

1. ACT 34 Clearance (PA State Police Criminal Background Check) Each applicant must submit with his/her employment application a copy of a Criminal History Record from the Pennsylvania State Police. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

2. ACT 114 (Federal Criminal History Record) Each applicant must submit with his/her employment application a copy of a Federal Criminal Record from the Federal Bureau of Investigation (FBI). Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.
3. ACT 151 Clearance (PA Child Abuse History Clearance) Each candidate must submit with his/her employment application a copy of an official clearance from the Pennsylvania Department of Public Welfare. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

Essay: Please attach the following:

Please type one page addressing the role of faith as a healthcare provider.. Discuss the qualities of an Outstanding Nurse in relation to faith.

Certification and Release:

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the essay. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of Mountaintop Christian Academy may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

Signature of Candidate: _____

Date: _____