



DARTMOUTH PUBLIC SCHOOLS

8 Bush Street, Dartmouth, MA 02748
Phone: 508-997-3391 Fax: 508-991-4184
Website: www.dartmouth.school

Application for Employment

The Dartmouth Public Schools is an affirmative action employer, ensuring that its programs and facilities are accessible to the public. We do not discriminate on the basis of race, color, age, sex, gender identity, religion, national origin, sexual orientation, disability, homelessness, genetic information, military status, pregnancy or pregnancy related condition.

Date of Application: _____

Nurse Application

First Name _____ Middle Initial _____ Last Name _____

Telephone () _____ Email Address: _____

Home Address (including city, state/zip code) _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status may be required upon employment)

Date you would be available for work? _____

Education

	High				College/University				Graduate/Professional			
School Name/ Location												
Years/Grade Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe Specialized training, Apprenticeship, Skills												
Honors Received or Notable accomplishments												

Are you a licensed nurse in Massachusetts? Yes (Please include Registration Number below) No

Registration Number: _____ Date: _____

Employment Experience

Start with your present or last job. Include military service assignments and relevant volunteer activities.

Employer	Telephone ()	Dates Employed From To	Work Performed
Address			
Job Title			
Supervisor			
Reason for Leaving			

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If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications: Summarize special skills and qualifications for this position that you have acquired from your employment or other experience:

State any additional information you feel that may be helpful to us in considering your application:

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Dartmouth Public Schools.

Signature of Applicant _____

Date _____