**Vermillion School District**

**1001 E. Main Street**

**Vermillion, SD 57069**

**Phone: 605-677-7000**

**Fax: 605-677-7002**

[**www.vermillion.k12.sd.us**](http://www.vermillion.k12.sd.us)

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**Substitute Nurse Application**

**Name: (First, Middle Initial, Last):**

**Address: (Street/Box, City, State, Zip Code):**

**Phone Number:**

**Email Address:**

**Are you currently employed?**

**Have you ever been convicted of a felony, a crime involving dishonesty, controlled substance, marijuana, or a sex offense?**

**Previous Nursing Experience (list up to 3) Most recent first:**

1. **School/Facility**:

**Contact Name**:

**Complete Address:**

**Phone Number:**

**Dates Worked (from/to):**

1. **School/Facility**:

**Contact Name**:

**Complete Address:**

**Phone Number:**

**Dates Worked (from/to):**

1. **School/Facility**:

**Contact Name**:

**Complete Address:**

**Phone Number:**

**Dates Worked (from/to):**

**References (list up to 3) No relatives/employers:**

**1. Name of Reference:**

**Title:**

**Mailing Address:**

**Phone Number:**

**Email:**

**2. Name of Reference:**

**Title:**

**Mailing Address:**

**Phone Number:**

**Email:**

**3. Name of Reference:**

**Title:**

**Mailing Address:**

**Phone Number:**

**Email:**

**Education:**

**1. Name of High School:**

**Address:**

**Year Graduated:**

**2. Name of College (Undergrad):**

**Address:**

**Year Graduated:**

**Major/Degree:**

**3. Name of College (Other):**

**Address:**

**Year Graduated:**

**Major/Degree:**

**Licensure:**

**Do you hold a valid nursing license?**

**Nursing Degree:**

**Military Service:**

**Branch: Dates Served:**

**Reserve Status: Type of Discharge:**

**Selective Services \*SDCL 3-1-1.1 prohibits a school district or other government entity from hiring anyone who is required to register for Selective Service and has not done so. Males born after December 31, 1959, are required to register for Selective Service.**

**Are you required to register? Are you registered?**

**If you are registered, please provide your Selective Service number:**

**Substituting Preference/Availability:**

**Grade Level preferred:**

**Availability/Comments:**

 **I certify that the information given on this application and in any other supporting documentation and resume is true and correct. I understand that any false information and/or willful or negligent failure to disclose any requested information will constitute sufficient grounds to terminate my employment without notice.**

 **I authorize my previous employers, schools, and persons named as references to give any information regarding my employment together with information they may have regarding me, whether it is in their records. I agree that Vermillion School District and its employees and my previous employers and their employees shall not be held liable in any respect if an employment offer is not tendered, is withdrawn, or my employment is terminated because of false statements, answers, or omissions made by me in this application. I hereby release said employers, schools, or persons from all liability for any damages whatsoever for issuing this information.**

 **I agree to submit to fingerprinting and a criminal background check and understand that provided the Vermilion School District wishes to hire me; my employment by the Vermilion School District depends upon the results being acceptable to the Vermillion School District.**

**Applicant’s Signature: Date:**

**Please attach the following:**

* **Nurse License**