



STRIVING FOR EXCELLENCE

Bessemer City Schools

1621 5th Avenue North
Bessemer, AL 35020

Employment Application - Classified

Please Print

Applicant Information									
Name:					Date:				
Last			First		M.I.				
Address:									
Street Address						Apartment/Unit #			
City					State		ZIP Code		
Phone: ()			E-mail Address:						
Date Available:			Social Security #:			Desired Salary: \$			
Position(s) Applied for:									
Driver's License number if driving may be required in position for which you are applying:								State:	
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been employed here before?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
<i>Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.</i>									
Have you ever pled "guilty" or "no contest" to, or been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:				
Education									
High School:					Address:				
From:	To:	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma Type :		
College:					Address:				
From:	To:	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:					Address:				
From:	To:	Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Previous Employment									
Employer:					Phone: ()				
Address:					Supervisor:				
Job Title:					Starting Salary: \$			Ending Salary: \$	
Duties:									
From:	To:	Reason for Leaving:							
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Employer:					Phone: ()				
Address:					Supervisor:				

Job Title:	Starting Salary: \$ () H () M	Ending Salary: \$ () H () M
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Duties:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Employer: Phone: () ()

Address: Supervisor: () H () M () H () M

Job Title:	Starting Salary: \$ () H () M	Ending Salary: \$ () H () M
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Duties:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Skills and Qualifications

Summarize any special training, computer skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Military Service

Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone: () ()

Address:

Full Name: Relationship:

Company: Phone: () ()

Address:

Full Name: Relationship:

Company: Phone: () ()

Address:

Disclaimer and Signature

I hereby certify to the best of my knowledge that the information I have provided is true, accurate and complete. In connection with my employment, I authorize and request any other person to furnish to the Bessemer City board of Education, or any agent acting on its behalf, information they may have concerning my business activities, work record, ability, character, and general reputation. I hereby release from any and all liability, of to whatsoever nature, my former employers and any other person supplying such information to the Bessemer City Board of Education and its Agents.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that my application remains current for only one (1) year. At the conclusion of this time, if I have not heard from this employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I Understand That Any Information Provided By Me That Is Found To Be False, Incomplete Or Misrepresented In Any Respect, Will Be Sufficient Cause For Disqualification. **I certify that I have read, and fully understand and accept all terms of the applicant statement.**

Applicant Signature _____ Date _____

EMPLOYMENT APPLICATION ADDENDUM (SCHOOL HEALTH NURSE/LPN)

NAME: _____

Do you hold a current license as a Licensed Practical Nurse in the state of Alabama?

Yes _____ No _____ License number _____

FOR OFFICE USE:

Date license visualized: _____

Date license verified through
Alabama Board of Nursing

Signature/license visualized

Signature/license verified

Do you hold a valid Alabama Driver's License and automobile liability insurance?

Yes _____ No _____

PLEASE SUBMIT A PHOTOCOPY OF YOUR DRIVER'S LICENSE WITH YOUR APPLICATION.

Do you hold current certification in Basic Life Support Cardiopulmonary Resuscitation (BLS/CPR)?

Yes _____ No _____

PLEASE SUBMIT A PHOTOCOPY OF YOUR CPR CARD WITH YOUR APPLICATION.

Please complete the following information:

List the number of years of experience you have in the following nursing environments.

Hospital _____

Home Health Care _____

Physician's Office _____

Public Health _____

Education _____

Occupational Health _____

Other (please identify area) _____

List the number of years of experience you have in the following nursing specialties.

Labor/Delivery _____

Geriatrics _____

Pediatrics _____

Nursing Education _____

Occupational Health _____ Infection Control _____

Adult Health _____ School Health _____

Mental Health _____ Maternal/Child _____

Other (Specify) _____

Using the following scale, rate your personal competency and comfort level with the listed nursing skills.

3=Strong (feel competent and comfortable)

2=Adequate (feel relatively competent and comfortable)

1=Developing (continuing to develop)

_____ Physical assessment of pediatric client

_____ Developmental assessment of pediatric client

_____ Triage judgment

_____ Formulating nursing care plans

_____ Communication (written & verbal)

_____ Emergency responsiveness

_____ Problem solving

_____ Health policy development

_____ Decision making

_____ Documentation

_____ Research

_____ Computer technology

_____ Creativity

_____ Nursing Procedures

_____ Gastrostomy tube feeding

_____ Insulin administration/Insulin pumps

_____ Management of seizures

_____ Tracheotomy suctioning & care

_____ Colostomy care