

SCHOOL NURSE APPLICATION

PULASKI COUNTY SCHOOLS  
72 WARREN STREET  
HAWKINSVILLE, GEORGIA 31036

PHONE: (478) 783-7200  
FAX: (478) 783-7204

NAME: \_\_\_\_\_  
          LAST                          FIRST                          MIDDLE/MAIDEN

ADDRESS: \_\_\_\_\_  
          STREET

          \_\_\_\_\_                          \_\_\_\_\_                          \_\_\_\_\_

          CITY                          STATE                          ZIP CODE

HOME PHONE: \_\_\_\_\_ OTHER CONTACT PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ (ATTACH COPY OF ID CARD)

ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_ CURRENT SALARY \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT: \_\_\_\_\_ EXPECTED SALARY \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NURSING EXPERIENCE: (LIST CHRONOLOGICALLY, LAST/CURRENT FIRST)

COMPANY /HOSPITAL          BEGIN/ENDED          POSITION          REASON FOR LEAVING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND INFORMATION:** Have you ever been arrested, entered a plea of guilty or no contest to, or been convicted of any criminal offense other than a minor traffic offense? \_\_\_\_\_  
If so, please give detailed information on a separate sheet of paper as to each offense, including the specific offense for which you were charged, the disposition of the offense, and the date, court, state, and county where you were charged. Please be advised that any criminal charges beyond age 17 are a part of your criminal history record.

**EDUCATION:** (PLEASE ATTACH COPIES OF DIPLOMA, DEGREES, GED, ETC.)

NAME/ADDRESS OF HIGH SCHOOL: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

GED? \_\_\_\_\_

NAME/ADDRESS OF COLLEGE: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ DEGREE: \_\_\_\_\_

MAJOR: \_\_\_\_\_

NAME/ADDRESS OF TECHNICAL SCHOOL: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ DIPLOMA: \_\_\_\_\_

**PUT A CHECK BY THE SOFTWARE APPLICATIONS LISTED BELOW IN WHICH YOU ARE PROFICIENT:**

\_\_\_ MICROSOFT WORD      \_\_\_ MICROSOFT EXCEL      \_\_\_ ACCESS  
\_\_\_ PUBLISHER            \_\_\_ POWER POINT

**NURSING LICENSE:** \_\_\_ RN    \_\_\_ LPN    \_\_\_ CNA  
**PLEASE ATTACH A COPY OF YOUR LICENSE TO THIS APPLICATION**

**DO YOU HAVE ANY CHRONIC ILLNESS OR PHYSICAL IMPAIRMENT WHICH MAY INHIBIT YOUR JOB PERFORMANCE? IF YES, PLEASE ELABORATE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THREE REFERENCE FORMS ARE ATTACHED TO AND ARE A PART OF THIS APPLICATION. COMPLETE THE TOP PORTION OF THESE FORMS AND SEND TO THE THREE REFERENCES LISTED BELOW WITH A REQUEST THAT THEY BE RETURNED DIRECTLY TO THIS OFFICE. THESE REFERENCES SHOULD BE EMPLOYERS OR INSTRUCTORS THAT ARE FAMILIAR WITH YOUR ABILITIES.**

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____

**IF YOU HAVE A CURRENT RESUME, PLEASE ATTACH.**

**I DO SWEAR THAT THE FOREGOING INFORMATION IS ACCURATE AND TRUTHFUL.**

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

(THIS APPLICATION WILL BE HELD ON ACTIVE STATUS FOR TWO YEARS. AT THE END OF THIS PERIOD OF TIME, YOU MAY WISH TO REAPPLY.)

**The Pulaski County Board of Education is an equal opportunity employer and does not discriminate on the basis of race, color, sex, age, religion, national origin, or handicap/disability in its employment practices.**

## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints are used to conduct an FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations, Section 16.34.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor (O.C.G.A. 35-3-34(b) and 35-3-35(b)).

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime prevention and Privacy Compact Council. The agency may provide you with a copy of your criminal history record for review and possible challenge.

If you decide to challenge the accuracy or completeness of your criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

## SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, 5 U.S.C. §552(a)(note) you are hereby notified this application requests your social security number. The disclosure of your social security number is **mandatory** for the following purposes:

- 1) Performing a criminal background check pursuant to O.C.G.A. §35-3-30 *et. seq.*
- 2) If hired, for purposes of tax collection pursuant to 42 U.S.C. §405

The disclosure of your social security number is **optional, not mandatory** for the following purposes:

- 1) Verification of your identity;
- 2) Verification of your employment eligibility;
- 3) To assist the Federal and State Equal Employment Opportunities record keeping, reporting and other legal requirements;
- 4) To verify your previous work experience;
- 5) To verify your identity on your recommendation form.

**CONSENT FORM**

I hereby give consent for the **PULASKI COUNTY BOARD OF EDUCATION** to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

This authorization is valid for 365 days from the date of signature.

\_\_\_\_\_ I hereby give consent to the above named to perform periodic criminal history background checks for the duration of my employment with the company.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used:

- \_\_\_\_\_ Employment (E) – Provides Georgia Criminal History Record Information
- \_\_\_\_\_ Employment with Mentally Disabled (M) – Provides Georgia Criminal History Record Information
- \_\_\_\_\_ Employment with Elder Care (N) – Provides Georgia Criminal History Record Information
- Employment with Children (W) – Provides Georgia Criminal History Record Information
- \_\_\_\_\_ Public Records (P) – Provides Georgia Felony Convictions Only

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The inquiry resulted in the following: (Check all that apply)

\_\_\_\_\_ No Georgia CHRI Results Available

\_\_\_\_\_ Georgia CHRI Attached/Released

\_\_\_\_\_ No NCIC/GCIC Warrant Results Available

\_\_\_\_\_ Possible NCIC/GCIC Warrant. Contact Agency Listed Below:

Wanting Agency Name: \_\_\_\_\_

Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
Agency Designee Signature and Title

\_\_\_\_\_  
Date

**COPY OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD MUST BE ATTACHED TO THIS FORM!**





