

MAINE SCHOOL ADMINISTRATIVE DISTRICT #11

150 Highland Avenue - Gardiner, ME 04345

207. 582.5346 (TEL) - 207. 582.8305 (FAX)

www.msad11.org

APPLICATION FOR NURSING POSITION

MSAD #11 does not discriminate in the operation of its educational and employment policies and will honor all appropriate laws relative to discrimination.

Date _____ Position(s) applying for: _____

Name _____

When will you be available? _____

Permanent Address _____

Phone _____

Temporary Address _____

Phone _____

Email address (optional) _____

Cell phone # (optional) _____

Have you been fingerprinted by the Maine Department of Education? Yes _____ No _____

If Yes, please provide a copy of your CHRC approval along with this application.

Candidates who do not hold Maine CHRC approval should direct an inquiry to the Maine Department of Education, Division of Certification and Placement, 23 State House Station, Augusta, ME 04333-0023; Telephone 624-6603.

NOTE: EMPLOYMENT CANNOT BE FINALIZED UNTIL THE APPLICANT HAS COMPLETED REQUIREMENTS FOR COMPLETE BACKGROUND CHECKS AND FINGERPRINTING AS REQUIRED BY MAINE STATE STATUTE.

Do you have a State of Maine Nursing Certificate? Yes _____ No _____

If no, do you have the credentials to be certified? Yes _____ No _____

Are you willing to come to Gardiner, Maine for an interview? Yes _____ No _____

CERTIFICATION: List certification(s) you hold and provide copies of certification

Type	State	Date Issued	Date of Expiration
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you do not hold a Maine teaching certificate, for what type of Maine certificate are you applying and eligible?

EDUCATIONAL SUMMARY
Graduate School (if applicable)

NAME: _____

LOCATION: _____

DEGREE EARNED: _____

YEAR GRADUATED: _____ GRADE POINT AVERAGE: _____

MAJOR: _____ MINOR: _____

College

NAME: _____

LOCATION: _____

DEGREE EARNED: _____

YEAR GRADUATED: _____ GRADE POINT AVERAGE: _____

MAJOR: _____ MINOR: _____

How many semester hours do you have?

Reading _____ Major (Subject) _____

Math _____ Major (Subject) _____

Special Education _____ Major (Subject) _____

High School

NAME: _____

LOCATION: _____

DEGREE EARNED: _____

YEAR GRADUATED: _____

OTHER ACTIVITIES AND INTERESTS: _____

NURSING/EMPLOYMENT EXPERIENCE

A resume must be provided. In addition to educational background and work experience, include extra-curricular activities in which you have been involved. Please account for any gaps in employment on a separate page.

Employer/School Dist. – Name/Address/Telephone No. From (mo./yr.) To (mo./yr.)

Position and duties:

Reason for leaving:

Employer/School Dist. – Name/Address/Telephone No. From (mo./yr.) To (mo./yr.)

Position and duties:

Reason for leaving:

Employer/School Dist. – Name/Address/Telephone No. From (mo./yr.) To (mo./yr.)

Position and duties:

Reason for leaving:

Employer/School Dist. – Name/Address/Telephone No. From (mo./yr.) To (mo./yr.)

Position and duties:

Reason for leaving:

PROFESSIONAL REFERENCES

List three, two of who are most recent supervisors who can comment on your ability and whom we may contact. In addition, please provide three letters of reference from persons who are not related to you (may be from references listed below).

Name Address/Telephone Title or Official Capacity

1 _____

2 _____

3 _____

How many years of nursing experience have you had? _____

BACKGROUND

Have you ever been disciplined, discharged, or asked to resign from a prior position? Yes___ No___

Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review? Yes___No___

Has your contract in a prior position ever been non-renewed? Yes___No___

Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved? Yes___No___

Have you ever been charged with or investigated for sexual abuse or harassment of another person? Yes___No___

Have you ever been convicted of a crime (other than a minor traffic offense)? Yes___No___

Have you ever entered a plea of guilty or “no contest” (nolo contendere) to any crime (other than a minor traffic offense)? Yes___No___

Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state? Yes___No___

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)? Yes___ No___

If you have answered YES to any of the previous questions, provide full details on an additional sheet including, with respect to court actions, the date, offense in question, and the address of the court involved. Conviction or other disposition of a crime is not necessarily an automatic bar to employment.

My signature below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that MSAD #11 contacts in connection with my employment application to fully provide MSAD #11 any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against MSAD #11 its agents and officials or against and provider of such information. I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community. I give my consent to this disclosure.

Signature/Date

APPLICATION FOR NURSING POSITION CHECK LIST: The completed employment application cannot be evaluated unless all of the following materials have been provided:

- Application form fully completed
- Copies of Transcript(s)
- Copy of Maine Certification(s)
- Resume
- Gaps in employment during the past ten years explained
- Illustration of your philosophy of Nursing
- YES to any of the questions in the Background section explained
- Three letters of reference
- Application signed

NOTE: ALL APPLICATION MATERIALS BECOME THE PROPERTY OF MSAD #II. NONE WILL BE RETURNED. PROVIDING ANY FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR IN THE APPLICATION OR EMPLOYMENT SCREENING PROCESS SHALL BE FULLY SUFFICIENT GROUNDS TO REFUSE TO EMPLOY THE APPLICANT OR, IF THE APPLICANT HAS BEEN EMPLOYED, TO IMMEDIATELY DISMISS THE APPLICANT/EMPLOYEE.