



APPLICATION FOR NURSE SUBSTITUTE

Please print or type the information requested and return the form to: Personnel
Office, Nyack Public Schools, 13A Dickinson Ave, Nyack, NY 10960
ksmith@nyackschools.org

Date: _____ Name _____

First

Middle

Last

Address _____

Street

City

State

Zip

Cell Phone(s) _____ / _____ E-mail _____

Social Security # _____ Fingerprinted for NYS clearance? Yes _____ No _____

License/Certification	Type	Status	Date Received	Date Expires

Education and Professional Preparation (please attach copy of transcript)

College/Graduate School Name and Address	Date Attended: From - To	Major	Minor	Semester Hours	Degree

List school and/or professional experience in chronological order most recent first.

Office/Hospital/School	District	Address	Date: From – To	Total Years



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References: List three to attest to your professional ability. Recommendation letters must be submitted with application

Name	Position/Relation	Address	Phone

Do you belong to the NYSLRS Employees' Retirement System?

If yes, when did you join? _____ Retirement number _____

I elect to join _____, not to join _____ the NYSLRS Employees' Retirement System at this time.
(If election is not to join, please sign and date below)

Signature

Date

Note preferences, limitations or other pertinent information concerning substituting:

The Nyack Union Free School District offers employment and educational opportunities including vocational education opportunities without regard to sex, race, color, national origin or handicap.