



Oil City Area School District
825 Grandview Road
Oil City, PA 16301
(814) 676-1867

**SUBSTITUTE NURSE
APPLICATION**

NAME _____ PPID NO. _____

ADDRESS _____ PHONE NO. _____

_____ EMAIL ADDRESS _____

EDUCATION

College/University _____ Degree Earned _____

_____ Degree Earned _____

CERTIFICATION

A valid/current Pennsylvania LPN or RN license is **required**.

1. License Type: _____ Date Issued/Expiration: _____

2. Other Certifications: _____

EXPERIENCE

1. Other than student nursing, what is your total number of years with nursing experience? _____

2. Are you a retired nurse? Yes No

3. When were you last employed as a nurse full time? _____

PLEASE NOTE: A copy of your Pennsylvania nursing license, Act 114 FBI Criminal History Record, Act 34 State Police Clearance, Act 151 PA Child Abuse History Clearance, a Commonwealth of PA Sexual Misconduct/Abuse Disclosure Release (Act 168) form for your current employer and any former employers where you had direct contact with children/students, current (within 3 months) Tine or Mantoux tuberculosis test results, and current health physical are **REQUIRED with this application.** **Completion of 3 trainings will be required: Act 126 Mandated Reporter, Act 71 Suicide Prevention, and Act 195 Epinephrine.**



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SUBSTITUTE NURSE
QUESTIONNAIRE

EMPLOYMENT QUESTIONNAIRE

Name: _____

Address: _____

Phone: _____ Email: _____

Area(s) of Certification: _____

- (1) Are you restricted to working only certain hours of the day? YES NO
- (2) Are you restricted to working only certain days of the week? YES NO
- (3) Are you restricted to working in only a certain geographic area within the school district? YES NO

Explain area: _____

- (4) Are you available to work with homebound students? YES NO

If NO, please give reason: _____

- (5) Are you interested in full-time employment if it becomes available? YES NO

If the answer is NO, please indicate reason: _____

- (6) Mandated Reporter, Suicide Prevention, and Epinephrine trainings are now required for all those employed by the District, in conjunction with maintaining current clearances. Are you willing to complete the requirements? YES NO

If NO, please explain: _____

Signature _____ Date _____

PLEASE COMPLETE THIS FORM AND RETURN IT TO:
 Anna Lehnortt
 Oil City Area School District
 825 Grandview Road, Oil City, PA 16301
 814-676-1867, ext 1001
alehnortt@mail.ocasd.org