

Bethalto Community Unit School District #8

101 School Street
Bethalto, IL 62010
618-377-7200

Substitute Nurse Application

Date: _____

First Name Middle (Required) Last Name

Street Address City or Town State & Zip Code

Phone Number _____

List previous employment: Dates: Job Title/Position

_____ to _____

_____ to _____

_____ to _____

_____ to _____

Schools attended with city and state: Years Attended:

High School: _____

College: _____

Please list at least three employment references including address and phone number:

1. _____

2. _____

3. _____

Please list any specialized training, experience, or special certifications you have:

Please Note: Before your name is placed on the substitute nursing list, the following **MUST** be on file in the Bethalto CUSD8 Central Office.

1. A copy of current Illinois Nursing License
2. A copy of current CPR card.
3. A transcript from the college(s) or university(s) that awarded your degree.
3. Current physical and TB skin test done within the past 90 days.
4. Fingerprint background check.
5. Completion of application and substitute packet.

After your substitute nursing file is complete, your name will be placed on the substitute nursing list and made available to the schools for notification when your nursing services are needed.

Signature _____ Date _____