

Application for Nurse Contracted Services



Thank you for your interest in serving students in Springfield Public Schools.
Please fill out this brief application and submit it to Kassie Nelson at the
Health Services office. **PHONE:** 541-744-4131 | **FAX:** 541-744-4822 | **EMAIL:** kassie.nelson@springfield.k12.or.us

Name: _____ Date: _____

E-mail address: _____

Address: _____

Telephone/Cell: _____

Please circle: LPN | RN Please attach copy of nursing license & a copy of current first aid & CPR card.

Other trainings: _____

School of Nursing: _____

Work Experience

Most Current Employer: _____ Date Worked: _____

Duties: _____

Supervisor Name: _____

Previous Employer: _____ Date Worked: _____

Duties: _____

Supervisor Name: _____

References: List three professional references

1) Name: _____ Title: _____

Business/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

From: _____ To: _____

2) Name: _____ Title: _____

Business/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

From: _____ To: _____

3) Name: _____ Title: _____

Business/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

From: _____ To: _____