

TRI-TOWN SCHOOL UNION  
Office of the Superintendent  
28 Middleton Road  
Boxford, MA 01921  
978-887-0771

APPLICATION FOR SUBSTITUTE NURSING  
(Topsfield, Boxford & Middleton Elementary Schools)

Name \_\_\_\_\_ Social Sec. No. \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Do you wish to substitute in Boxford, Topsfield, Middleton or all three?  
\_\_\_\_\_

Please circle grade level(s) for which you wish to be called:

Primary Grades: PK-3    OR    Intermediate Grades: 4-6

Days of the Week Available: \_\_\_\_\_

**PROFESSIONAL DATA**

Do you have a current Massachusetts Nursing License? \_\_\_\_\_

Do you have a nursing license in another state(s)? \_\_\_\_\_ If so, please list state(s): \_\_\_\_\_  
\_\_\_\_\_

Are you certified as a nurse through the Massachusetts Department of Education? \_\_\_\_\_

If so, please **ATTACH COPY** of certificate.

Do you belong to any Professional or other Associations: \_\_\_\_\_ If so, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL AND PROFESSIONAL TRAINING**

High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_  
College \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

**CURRENT AND PREVIOUS WORK EXPERIENCE**

<u>Name of Company</u>	<u>Position Held</u>	<u>How Long</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WORK REFERENCES**

<u>Individual=s Name</u>	<u>Name of Company</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Tri-Town School Union is an equal  
opportunity employer in compliance with Title IX  
and Chapter 622.