



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

2023-2024 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