

**DAY-TO-DAY SUBSTITUTE NURSE EMPLOYMENT FORM**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

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PART I. PLEASE COMPLETE ITEMS 1 THROUGH 6 BELOW.

1. License  
\_\_\_\_ Copy of License Enclosed
2. Act 34, Act 151, Act 114 Clearances (less than 1 year old)  
\_\_\_\_ PA State Police form SP4-164 Criminal Record Check (Act 34) Enclosed  
\_\_\_\_ PA Public Welfare Dept. Child Abuse History Clearance (Act 151) Enclosed  
\_\_\_\_ FBI Criminal History Background Check (Act 114) Enclosed  
\_\_\_\_ PDE 6004, Arrest/Conviction Report
3. TB Report  
\_\_\_\_ Enclosed
4. Resume  
\_\_\_\_ Enclosed
5. I-9 Form & Copies of Driver's License and Social Security Card  
\_\_\_\_ Enclosed
6. Three Professional Reference Letters  
\_\_\_\_ Enclosed

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PART II. AVAILABILITY FOR WORK

1. Are you available to work any day of the week, Monday through Friday? Yes  No   
If **NO**, indicate days available: Monday  Tuesday  Wednesday  Thursday  Friday
2. Are you available to work during the entire school year? Yes  No

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PART III. PA EMERGENCY CERTIFICATION COMPLETED \_\_\_\_ PAID (\$5) \_\_\_\_

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PART IV. PRE-EMPLOYMENT SCREENING PICK UP \_\_\_\_ PAID (\$33) \_\_\_\_ NEG \_\_\_\_  
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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature