

Dear Substitute Nurse Applicant:

Enclosed in this packet are the materials you will need to complete. In addition to the application materials, you are required to be fingerprinted, and attend SubFinder Orientation Class, which covers the use of SubFinder, our automated Substitute Teacher and Substitute Nurse calling system as well as other policies and procedures you will need to know. Please note we do not have access to a copier at the training facility, so you will need to bring any copies with you necessary to turn in with your paperwork, ex. copies of your current CPR card and current Nurse License.

To register for the next available SubFinder Orientation Class, please call or email Susan Schwerer at 410-751-3176, or [slschwe@k12.carr.org](mailto:slschwe@k12.carr.org).

Bring the entire completed employment packet to the Orientation session. **You will need to bring acceptable I.D. as listed on the attached sheet.**

The completed reference forms, **official** college transcripts (if applicable), and a copy of your current **RN or LPN License and current CPR Card** should be brought with you to the training. Please keep in mind; you will be restricted in SubFinder until the three reference forms are received. You will need to keep a current License and CPR on file with C.C.P.S. while employed as a Substitute Nurse. License and CPR renewals may be mailed or faxed to C.C.P.S., Attn: Susan Schwerer, Department of Human Resources.

***IF SCHOOLS ARE CLOSED DUE TO INCLEMENT WEATHER, THIS TRAINING SESSION WILL BE POSTPONED. YOU WILL NEED TO CALL OR EMAIL THIS OFFICE (410-751-3176, or [slschwe@k12.carr.org](mailto:slschwe@k12.carr.org)) TWO DAYS AFTER THE POSTPONEMENT FOR THE NEW DATE.***

Please feel free to contact the Department of Human Resources if you have any questions.

## ACCEPTABLE I.D. FOR SUBSTITUTE NURSING

Need one from List A, OR one each from List B AND List C.

LIST A	LIST B	LIST C
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	3. School ID card with a photograph	4. Original or certified copy of a birth certificate issued by a state, county, municipal authority or territory of the United States bearing an official seal
	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<b>For persons under age 18 who are unable to present a document listed above</b>	7. Identification Card for use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	



If your answer was yes, please provide complete details on a separate sheet of paper. Include in your explanation the date, charge, place, and action taken against you. A record of a conviction does not automatically exclude an applicant from employment consideration.

I understand and agree that if employed, false statements on this application will be considered sufficient cause for termination of my employment.

**UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.**

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**Signature**

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**Date**

The Board of Education of Carroll County is an Equal Opportunity Employer.

# Carroll County Public Schools Substitute Nurse Profile Sheet

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Will you work at all schools (Y/N) \_\_\_\_\_ If **no**, check off only the schools where you **will** work:

- |                                                        |                                                       |
|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> <b>ALL ELEMENTARY SCHOOLS</b> | <input type="checkbox"/> <b>ALL MIDDLE SCHOOLS</b>    |
| <input type="checkbox"/> Carrolltowne Elementary       | <input type="checkbox"/> East Middle                  |
| <input type="checkbox"/> Charles Carroll Elementary    | <input type="checkbox"/> Mt Airy Middle               |
| <input type="checkbox"/> Cranberry Station Elementary  | <input type="checkbox"/> New Windsor Middle           |
| <input type="checkbox"/> Ebb Valley Elementary         | <input type="checkbox"/> North Carroll Middle         |
| <input type="checkbox"/> Eldersburg Elementary         | <input type="checkbox"/> Northwest Middle             |
| <input type="checkbox"/> Elmer Wolfe Elementary        | <input type="checkbox"/> Oklahoma Middle              |
| <input type="checkbox"/> Freedom District Elementary   | <input type="checkbox"/> Shiloh Middle                |
| <input type="checkbox"/> Friendship Valley Elementary  | <input type="checkbox"/> Sykesville Middle            |
| <input type="checkbox"/> Hampstead Elementary          | <input type="checkbox"/> West Middle                  |
| <input type="checkbox"/> Linton Springs Elementary     | <input type="checkbox"/> <b>ALL HIGH SCHOOLS</b>      |
| <input type="checkbox"/> Manchester Elementary         | <input type="checkbox"/> Century High                 |
| <input type="checkbox"/> Manchester Valley High        | <input type="checkbox"/> Francis Scott Key High       |
| <input type="checkbox"/> Mechanicsville Elementary     | <input type="checkbox"/> Liberty High                 |
| <input type="checkbox"/> Mt. Airy Elementary           | <input type="checkbox"/> Manchester Valley            |
| <input type="checkbox"/> Parr's Ridge Elementary       | <input type="checkbox"/> North Carroll High           |
| <input type="checkbox"/> Piney Ridge Elementary        | <input type="checkbox"/> South Carroll High           |
| <input type="checkbox"/> Robert Moton Elementary       | <input type="checkbox"/> Westminster High             |
| <input type="checkbox"/> Runnymede Elementary          | <input type="checkbox"/> Winters Mill High            |
| <input type="checkbox"/> Sandymount Elementary         | <input type="checkbox"/> <b>ALL OTHER SCHOOLS</b>     |
| <input type="checkbox"/> Spring Garden Elementary      | <input type="checkbox"/> Career and Technology Center |
| <input type="checkbox"/> Taneytown Elementary          | <input type="checkbox"/> Gateway                      |
| <input type="checkbox"/> Westminster Elementary        | <input type="checkbox"/> Carroll Springs              |
| <input type="checkbox"/> William Winchester Elementary | <input type="checkbox"/> Outdoor School               |
| <input type="checkbox"/> Winfield Elementary           |                                                       |

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You are licensed as:

- RN  
 LPN

**Please bring with you to the training.**



**Substitute Nurse Reference Form**

**PART I - To Be Completed By Applicant**

The following person applied for a Substitute Nurse position in the Carroll County Public Schools. Your opinion will help us evaluate the professional and/or personal characteristics of this applicant. This person cannot work until all references are returned so your prompt attention to this request will be appreciated. This information will be kept confidential and become the property of Carroll County Public Schools.

\_\_\_\_\_

Print Name
Signature
Date

**PART II - To Be Completed By Evaluator**

<p><b>Past/Present Employer</b></p> <p>Employed from _____ To _____</p> <p>Position _____</p>	<p><b>Acquaintance (not related)</b></p> <p>I have known this applicant for _____ years</p> <p>Neighbor _____ Friend _____</p> <p>Other _____</p>
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	EXCELLENT	VERY GOOD	SATISFACTORY	POOR
<b>Nursing Abilities</b>				
<b>Relationship with Children</b>				
<b>Community Relationship</b>				
<b>Responsible and Dependable</b>				

**Overall Recommendation (check one)**

I recommend this person for a substitute nurse position.

I do not recommend this person for a substitute nurse position.

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (Please print)	Signature	Title
Organization	Telephone Number	Date

