

“Learning is First”

Granite Falls School District
Health Room Attendant
Classified Application Insert

School Building Applying For _____ Job Number _____

_____ (_____) _____
Last Name First Name Middle Name Telephone

_____ (_____) _____
Address City State Zip Work/Message Telephone

Are you a current employee of Granite Falls School District? (check the appropriate boxes)
 Yes No If yes, permanent substitute

If not selected for this position, are you willing to substitute on an on-call basis? Yes No

TRAINING AND EXPERIENCE

Employment and/or Volunteer Experience Providing Health Care

Type of Experience: Check the column with the “e” if you were employed in the designated capacity. Check the column with the “v” if you have volunteered in the designated capacity. Check as many as apply.

- | | | |
|---|---|--|
| e v | e v | e v |
| <input type="checkbox"/> <input type="checkbox"/> Preschool | <input type="checkbox"/> <input type="checkbox"/> Grades K-6 students | <input type="checkbox"/> <input type="checkbox"/> Grades 7-8 students |
| <input type="checkbox"/> <input type="checkbox"/> Paraprofessional/Educational Aide | <input type="checkbox"/> <input type="checkbox"/> Special Education | <input type="checkbox"/> <input type="checkbox"/> Grades 9-12 students |
| <input type="checkbox"/> <input type="checkbox"/> Library | <input type="checkbox"/> <input type="checkbox"/> Health Room | <input type="checkbox"/> <input type="checkbox"/> Parent Volunteer |
| <input type="checkbox"/> <input type="checkbox"/> Playground | <input type="checkbox"/> <input type="checkbox"/> Office | |

Explain experience, include dates and length of experience.

Training related to Health Care

List courses/workshops, grades if applicable, who offered course, length of course, and dates.

Current First Aid and CPR cards are required prior to employment.
 First Aid Card - Expiration Date: _____ CPR Card – Expiration Date: _____

Working with the Public and/or Children

Years of Experience: _____

Explain Experience:

