

**Harrisburg Community Unit
School District #3**

P.O. Box 725, 333 West College St.
Harrisburg, IL 62946
Phone: 618 • 253-7637
Fax: 618 • 253-2095
Web Site: www.hbg.saline.k12.il.us

**E.O.C. Aide
Non-Certified Job Application**

Please be advised your application will remain on file for at least one (1) year from the date of submission.

Application Date

Personal Information

_____	_____	_____	_____	_____
Last Name	First Name	Middle Initial	Area Code	Phone
_____			_____	_____
Address			Area Code	Alternate Phone
_____			_____	
City, State, Zip			Social Security Number	

Position Desired

Please note this application is ONLY for one position for which you wished to be considered.
Please complete a separate application for any other area(s) of employment you wish to be considered.

E.O.C. Aide
(Extra Ordinary Care Aide)
Position Desired
time sheet with no benefits

Date Available

The Harrisburg Unit #3 Board of Education and administration would prefer, but it is not mandatory, to see the following information (*copies are acceptable*) included with your application:

- Letter(s) of Recommendation
- Resume'

When you have accumulated the above information, please return your application along with the additional data to 333 West College Street, Harrisburg, IL 62946 **PLEASE DO NOT SUBMIT** the information separately.

Have you applied here before?

- Yes
- No

If so, date and position applied for

Can you, after employment, submit verification of your identity and legal right to work in the United States?

- Yes
- No

Employment type desired?

- Full-time
- Part-time

Medical exam necessary?

- Yes
(District requirement when employed)
- No

Have you ever been convicted of a felony? (Do not include convictions that have been sealed, expunged, or statutorily eradicated).

- Yes
- No

Please complete back of this page . . .

Education and Training

School	Credit Hours (express in semester hours)	Date (From--To)	Degree

Please list, beginning with initial enrollment, all high school, junior colleges, colleges/universities attended. Please have your credentials and transcripts showing all college work attached, please submit with application. *Copies are acceptable.*

References

Name			
Relationship			
Area Code/Phone			
Address			
City State Zip			

Experience

Dates of Employment		Full-Time or Part-time (F or P-T)	Type of Work	Location		Employer Name
from	to			City	State	

Additional Personal Comments

Please use the following space for any additional information that you want to share with us that you believe may enhance your application with this district.

Please Read and Sign Below

I hereby certify that the above statements are true and complete to the best of my knowledge and that, if employed, false statements herein shall be considered sufficient cause for dismissal. I further understand that upon employment by Harrisburg Community Unit School District #3 the above factual statement become part of my permanent record with the district.

Reminder

Please do not submit your application until you have ALL your additional documentation.

Date

Signature of Applicant