

# Nurse Application Form

Harrisburg Community Unit School District #3

40 South Main Street

Harrisburg, IL 62946

Phone: 618-253-7637 (Dial 1)

Fax: 618-253-2095

Web Site: www.hbg.saline.k12.il.us

## Personal Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Social Security Number

## Position Specifications:

1. Must be LPN or RN Certified
2. 180 Day Employment
3. 7.25 Hours Per Day

- Nurse - LPN Certified (include a copy of your certificate)  
 Nurse - RN Certified (include a copy of your certificate)

## Employment Questions:

Have you applied with Harrisburg CUSD #3 before?

- Yes If so, date and position: \_\_\_\_\_  
 No

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

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

- Yes  
 No

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## Education & Training:

School	Credit Hours (Semester Hours)	Date (From - To)	Degree

## References:

Name:			
Relationship:			
Phone Number:			
Address:			
City, State, Zip:			

## Experience:

Employer:				
Dates of Employment				
Type of Work				
Address				
City, State, Zip				
Full Time/Part Time				

## Additional Comments:

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Note: In compliance with the Illinois State Law, anyone applying for a position within the Harrisburg School District will be subject to a complete fingerprint background check. This check will be administered through the Saline County Detention Center.

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 CUSD #3 the above factual statement become part of my permanent record with the district.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date