

S.E.A.L. Lombard  
240 E. Progress Rd  
Lombard IL, 60148  
630-653-1222

S.E.A.L Romeoville  
1265 Naperville Dr, Unit D  
Romeoville, IL 60446  
630-226-0004



S.E.A.L. Woodstock  
1200 Claussen Drive  
Woodstock, IL 60998  
815-337-2005

S.E.A.L. Yorkville  
109 Beaver Street  
Yorkville, IL 60560  
630-642-5888

### Employment Application

Social Security # \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last / First / Middle)

Address: \_\_\_\_\_  
(No. Street / City / State / Zip)

Telephone: \_\_\_\_\_

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

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

#### **Desired Position**

Location (Check any campus preference) Lombard \_\_\_\_\_ Romeoville \_\_\_\_\_ Woodstock \_\_\_\_\_ Yorkville \_\_\_\_\_

Teaching (Check grade level preference) 1-3 \_\_\_\_\_ 4-6 \_\_\_\_\_ 7-8 \_\_\_\_\_ 9-12 \_\_\_\_\_

Support Specialist \_\_\_\_\_ Social Work/Counseling \_\_\_\_\_

Expressive Therapy: Recreation \_\_\_\_\_ Art \_\_\_\_\_ Music \_\_\_\_\_

Nursing \_\_\_\_\_ Office \_\_\_\_\_ Other \_\_\_\_\_

Salary Range Desired \_\_\_\_\_ How did you hear of our organization? \_\_\_\_\_

Do you have any relatives who are employed by this organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Please Specify: \_\_\_\_\_

**Education**

Type	Name/Location	Course of Study	# Years Completed	Degree/Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical/Other	_____	_____	_____	_____

**Employment History**

Are you currently employed? \_\_\_\_\_ Do we have permission to contact your current employer? \_\_\_\_\_

If yes, please provide contact name \_\_\_\_\_ and phone number \_\_\_\_\_

**Employer's Name, address and Phone**  
(begin with current or most recent employer)

**Position**

**Date Started**

**Date Left**

**Reason for Leaving**

Employer's Name, address and Phone (begin with current or most recent employer)	Position	Date Started	Date Left	Reason for Leaving

**U.S. Military Service**

Branch of Service: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Rank and Type of Service: \_\_\_\_\_

Training/Experience Recieved \_\_\_\_\_

**References (Do Not Include Relatives)**

Name/ Occupation/ Years Known/ Address/ Phone

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

\_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

Have you ever been found guilty of sexual or physical abuse of a minor? Yes \_\_\_\_\_ No \_\_\_\_\_

## **Applicant's Statements**

I understand that The School of Expressive Arts and Learning Inc. follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby authorize The School of Expressive Arts and Learning, Inc. to forward my name to the Illinois Department of Police for the purpose of conducting a criminal background check. I agree to execute any forms required for such purposes. Further, I hereby indemnify, save and hold harmless The School of Expressive Arts and Learning, Inc., its officers, agents and employees from any claim of liability or damage which may arise from the proceedings of the Illinois State Police of Children and Family Services in conjunction with the above background checks.

I understand that an offer of employment, or continued employment is contingent upon my passing the Illinois State Police and Child Abuse Registry background checks and the required health and medical examination forms required by The School of Expressive Arts and Learning, Inc.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>The School of Expressive Arts and Learning Inc. is an Equal Opportunity Employer</b></p>
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*The School of Expressive Arts and Learning provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, (including pregnancy, childbirth, and related medical conditions) national origin, ancestry, genetics, citizenship status, marital status, unfavorable military discharge, military status, genetic information, arrest record, victims of domestic violence, physical, mental or perceived handicap/disability, or sexual orientation (including gender-related identity). S.E.A.L will provide reasonable accommodations to applicants and employees who need them for medical or religious reasons, as required by law.*