

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. Elgin
1524 Davis Rd
Elgin, IL 60123
224-642-1350

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 _____ Elgin _____ 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 |
|--|----------|--------------|-----------|--------------------|
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| | | | | |
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| | | | | |

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: _____

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| <p>The School of Expressive Arts and Learning Inc. is an Equal Opportunity Employer</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.