



Where students SOAR to higher levels of learning

8320 S. Madison Street, Burr Ridge, IL 60527 • Phone: (630)323-2900 •

[www.soaringeagleacademy.org](http://www.soaringeagleacademy.org)

## APPLICATION FOR EMPLOYMENT OR CONTRACTOR POSITION

### INSTRUCTIONS

Please read all information before filling out and signing this application. Complete this application as accurately and thoroughly as possible. Although you may have submitted a resume, your resume will not be considered a substitute for your responses on this application. We appreciate your interest in Soaring Eagle Academy. Please print or type your responses. Please also advise us if you need a reasonable accommodation to enable you to complete the application process.

### **Please read before completing application**

Soaring Eagle Academy is a not-for-profit Illinois corporation and provides equal opportunity to employees, contractors and applicants without regard to race, color, religion, gender, creed, national origin, age, sexual orientation, disability, marital status, veteran status or any other legally protected status. All employment and contractor retention decisions are made based on availability, qualifications, ability, merit and/or other legitimate and relevant factors conducive to our smooth and effective operation. Soaring Eagle Academy will endeavor to provide reasonable accommodations to qualified individuals with disabilities, and of employee or contractor religious beliefs, in accordance with and subject to applicable law.

### PERSONAL DATA

Name: \_\_\_\_\_  
Last First Middle Name Used

Home Address: \_\_\_\_\_  
Street City State Zip

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_

Do you currently have unrestricted authorization to work in the United States? Yes \_\_\_ No \_\_\_ N/A \_\_\_  
(If yes, but you are a noncitizen, enclose a copy of authorization)

Do you require immigration sponsorship to begin working? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Will you require immigration sponsorship in the future to continue working? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Have you ever been convicted of, or pleaded guilty or nolo contendere to, a crime or violation of any federal, state, local or other law or regulation? If you answer “yes,” please explain on a separate attached page. Yes \_\_\_\_ No \_\_\_\_

Note that, in most jurisdictions, DWI or “Driving While Intoxicated” and DUI or “Driving Under the Influence” are criminal offenses. Also note that you are not obligated to disclose convictions or pleas for which the record has been judicially ordered sealed, expunged, dismissed or statutorily eradicated. An affirmative answer will not automatically disqualify you from being considered for employment or a contractor position. Factors such as when the offense occurred, seriousness and nature of the offense, and rehabilitation will be taken into account.

If you answered “yes” above, did the conviction involve a child or children? Yes \_\_\_ No \_\_\_ N/A \_\_\_

Have you previously worked (as an employee or contractor) for Soaring Eagle Academy? If so, state the capacity/position in which you worked, your dates of service and your reason for leaving.

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Are you a relative or domestic partner of (or do you have a similar relationship with or to) a Soaring Eagle Academy employee or student? If so, please provide the employee’s or student’s name:

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**POSITION INTEREST**

Position you are interested in applying for: \_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No

If yes, state your current employer and work telephone number: \_\_\_\_\_  
(If yes to last question, can we contact your employer? Y\_\_\_N\_\_\_)

When will you be available to start work for Soaring Eagle Academy? \_\_\_\_\_

Current or last Annual Salary/Hourly Wage: \$\_\_\_\_\_

How did you hear about Soaring Eagle Academy? \_\_\_\_\_

Why do you want to work for Soaring Eagle Academy? \_\_\_\_\_  
\_\_\_\_\_

What contribution do you feel you can make to Soaring Eagle Academy?  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATIONS**

Illinois Certification/Registration  
\_\_\_ Yes \_\_\_ No \_\_\_ Pending

Type(s) of Endorsement(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If pending, date of application: \_\_\_\_\_

Out of State Certification/Registration  
\_\_\_ Yes \_\_\_ No \_\_\_ Pending

Type(s) of Endorsement(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_  
If pending, date of application: \_\_\_\_\_

Has your certification/registration ever been suspended? Yes \_\_\_ No \_\_\_

If so, please explain on an attached page.

Has your conduct while employed ever been the subject of an ethics complaint? Y\_\_\_ N\_\_\_

Have you ever been investigated by DCFS? Y\_\_\_ N\_\_\_

**EDUCATION (begin with most recent; list any additional entries on a separate attached page)**

College or University (including any graduate or other school)	Location (City, State)	Degree(s) or Certificate(s) Earned	Major(s)	Minor(s)

**EDUCATIONAL WORK EXPERIENCE (begin with most recent; list any additional entries on a separate attached page)**

Name of Organization or School District	Complete Address and Phone Number	Position(s) (including whether part- time or full-time)	Start and End Dates	Supervisor's Name and Title	Reason for Leaving

**OTHER WORK EXPERIENCE (begin with most recent; list any additional entries on a separate attached page)**

Name of Employer or other Entity	Complete Address and Phone Number	Position(s) (including whether part-time or full-time)	Start and End Dates	Supervisor's Name and Title	Reason for Leaving

**PERIODS OF UNEMPLOYMENT (begin with most recent and go back at least seven years; list any additional entries on a separate attached page)**

Period of Unemployment (Dates)	Reason

**OTHER RELEVANT EXPERIENCES OR SKILLS (only include information that you believe is directly related to the position for which you are applying, including dates if applicable)**


**REFERENCES**

Name	Complete Address	Telephone Number	Relationship (e.g., former supervisor, coworker, etc.; list employer if applicable)	May we contact this person?

**CERTIFICATION**

Nothing in this application or the application process creates or is intended to create or imply a contractual relationship of any kind. I understand that if hired as an employee or retained as a contractor, any such employment or contractor relationship will be at-will, i.e., not for any specific time period or duration, and can be terminated with or without reason by Soaring Eagle Academy or me at any time.

I hereby affirm and certify that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or a significant omission may disqualify me from further consideration for employment or a contractor position and may result in dismissal if discovered at a later date.

I understand that any employment or contractor relationship with Soaring Eagle Academy (if offered to me) will be contingent (among other things) upon the successful completion of all pre-employment or pre-contractor services screening required by Soaring Eagle Academy, including but not limited to reference verification and background screens; proof of eligibility to work in the United States. I hereby authorize and consent to the investigation and verification of all statements contained in this application (and any accompanying resume) and authorize all persons and companies named therein and/or their agents to release any and all records and information pertaining to my employment history, criminal record, education background, military service, or personal reputation, and hereby release all such parties, Soaring Eagle Academy, and its representatives from any and all claims, liabilities and damages arising out of the provision of this information.

I also understand that in order to be eligible for any employment or contractor relationship with Soaring Eagle Academy (if offered to me), I must hold a valid Illinois Teaching, School Service Personnel or Administrative Certificate, or I must be duly registered/licensed in Illinois, in each case as applicable to the position for which I am applying. Failure to obtain or to maintain any such required certification, registration, or licensure may render me ineligible for employment or a contractor position with Soaring Eagle Academy.

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

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**Application Check List:**

- \_\_\_ **Completed Application for Employment**
- \_\_\_ **Letter of Recommendation (if any)**

**Please send completed application and other information to:**

**Soaring Eagle Academy**  
**8320 S. Madison Street**  
**Burr Ridge, IL 60527**  
**\*\*\*No Phone Calls Please\*\*\***  
**\*\*\*No Emails Please\*\*\***

**Office Use Only**

**Date Received:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Job Sought:**  **Teacher**  **Aide**  **PT**  **OT**  **Other**

**Notes:**

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