



Where students learn to SOAR

800 Parkview Boulevard  
Lombard, IL 60148

Phone: (312) 323-2900

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

## APPLICATION FOR EMPLOYMENT

### **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 résumé, your résumé 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 the application**

Soaring Eagle Academy is a not-for-profit Illinois corporation and provides equal opportunity to employees and applicants without regard to race, color, religion, gender, creed, national origin, age, sexual orientation, gender identity, disability, marital status, veteran status or any other legally protected status as related to all conditions of employment, including hiring, compensation, promotions and termination. All employment 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, for employee pregnancy and pregnancy-related conditions, and for an employee's religious beliefs or practices, 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: \_\_\_\_\_

### **Employment Eligibility Verification:**

In compliance with federal law, all persons hired as employees will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire.

**Criminal History Records Check:**

In compliance with Illinois state law and federal law, Soaring Eagle Academy requires a criminal history and record check upon an applicant’s selection for an interview and/or offer of employment, which is conditioned upon the results of the criminal background check. All employees of Soaring Eagle Academy are required to undergo a criminal history records check consisting of a fingerprint-based criminal history records information check through the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI), a check of the Illinois Sex Offender Registry and a check of the Murderer and Violent Offender Against Youth Registry. Further, please note, Appendix A of this Application for Employment includes a list of specific offenses that will automatically disqualify an applicant from employment at Soaring Eagle Academy. Soaring Eagle Academy complies with the Illinois School Code as to specific offenses that will result in the disqualification from employment, pursuant to Section 21B-80 (‘Conviction of certain offenses as grounds for revocation of license’) of the Illinois School Code [105 ILCS 5/21B-80].

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 or student’s name:

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**POSITION INTEREST**

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

Are you currently employed (including any self-employment as a contractor)? \_\_\_ 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?  
\_\_\_\_\_  
\_\_\_\_\_

**LICENSURE & CERTIFICATION**

Illinois Licensure/Certification/Registration

\_\_\_ Yes \_\_\_ No \_\_\_ Pending

Type(s) of Endorsement(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Out of State Licensure/Certification/Registration

\_\_\_ Yes \_\_\_ No \_\_\_ Pending

Type(s) of Endorsement(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_

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

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

If yes, 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) (PT and FT)	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) (PT or FT)	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. Note that a period of unemployment will not automatically disqualify you from consideration. Factors such as the relevancy and currentness of your skills and experience will be considered.)**

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, any such employment 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. Further, by signing below, I understand that any offer of employment is conditioned upon the results of a criminal history records check as described in this application, and I hereby authorize Soaring Eagle Academy to conduct the necessary background check.

I hereby affirm and certify that the information provided in this application (and accompanying résumé and/or other materials, 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 and may result in dismissal if discovered at a later date.

I understand that any offer of employment with Soaring Eagle Academy will be contingent upon the successful completion of all pre-employment screening required by Soaring Eagle Academy, including but not limited to reference verification, the criminal history records check mentioned above, and the employment eligibility verification required under federal law. I hereby authorize and consent to the investigation and verification of all statements contained in this application and any accompanying résumé and/or other materials, and authorize all persons and companies named in any such materials and/or their agents to release any and all records and information pertaining to my employment history, educational background, military service, or personal reputation. By signing below, I also hereby release Soaring Eagle Academy, its representatives and all persons or companies named in this application and any accompanying résumé and/or other materials from any and all claims, liabilities and damages arising out of the investigation and verification of the information I have provided in or with this Application for Employment with Soaring Eagle Academy.

I also understand that in order to be eligible for any employment with Soaring Eagle Academy, I must hold a valid Illinois State Board of Education (ISBE) Professional Educator License endorsed in the area of Teaching, School Support Personnel or Administrative, or I must be duly registered and/or 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 continued employment 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  
800 Parkview Boulevard  
Lombard, IL 60148  
\*\*\*No Phone Calls Please\*\*\*  
\*\*\*No Emails Please\*\*\*

Office Use Only

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

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

Job Sought:  Teacher  Teacher Assistant  SLP  OT  Other

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## APPENDIX A

(105 ILCS 5/21B80) Sec. 21B80.

Conviction of certain offenses as grounds for revocation of license.

(a) As used in this Section:

"Narcotics offense" means any one or more of the following offenses:

(1) Any offense defined in the Cannabis Control Act, except those defined in subdivisions (a) and (b) of Section 4 and subdivision (a) of Section 5 of the Cannabis Control Act and any offense for which the holder of a license is placed on probation under the provisions of Section 10 of the Cannabis Control Act, provided that if the terms and conditions of probation required by the court are not fulfilled, the offense is not eligible for this exception.

(2) Any offense defined in the Illinois Controlled Substances Act, except any offense for which the holder of a license is placed on probation under the provisions of Section 410 of the Illinois Controlled Substances Act, provided that if the terms and conditions of probation required by the court are not fulfilled, the offense is not eligible for this exception.

(3) Any offense defined in the Methamphetamine Control and Community Protection Act, except any offense for which the holder of a license is placed on probation under the provision of Section 70 of that Act, provided that if the terms and conditions of probation required by the court are not fulfilled, the offense is not eligible for this exception.

(4) Any attempt to commit any of the offenses listed in items (1) through (3) of this definition.

(5) Any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in this State, would have been punishable as one or more of the offenses listed in items (1) through (4) of this definition.

The changes made by Public Act 96431 to the definition of "narcotics offense" are declaratory of existing law. "Sex offense" means any one or more of the following offenses:

A) Any offense defined in Sections 116, 119 through 119.5, inclusive, and 1130, of the Criminal Code of 1961 or the Criminal Code of 2012; Sections 1114 through 1121, inclusive, of the Criminal Code of 1961 or the Criminal Code of 2012; Sections 1123(if punished as a Class 3 felony), 1124, 1125, and 1126of the Criminal Code of 1961 or the Criminal Code of 2012; and Sections 111.20, 111.30, 111.40, 111.50,111.60,124.9,1213,1214,1214.1,1215,1216,1232,1233,and 12C45of the Criminal Code of 1961 or the Criminal Code of 2012.

(B) Any attempt to commit any of the offenses listed in item (A) of this definition.

(C) Any offense committed or attempted in any other state that, if committed or attempted in this State, would have been punishable as one or more of the offenses listed in items (A) and (B) of this definition.

(b) Whenever the holder of any license issued pursuant to this Article has been convicted of any sex offense or narcotics offense, the State Superintendent of Education shall forthwith suspend the license. If the conviction is reversed and the holder is acquitted of the offense in a new trial or the charges against him or her are dismissed, the State Superintendent of Education shall forthwith terminate the suspension of the license. When the conviction becomes final, the State Superintendent of Education shall forthwith revoke the license.

(c) Whenever the holder of a license issued pursuant to this Article has been convicted of attempting to commit, conspiring to commit, soliciting, or committing first degree murder or a Class X felony or any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses, the State Superintendent of Education shall forthwith suspend the license. If the conviction is reversed and the holder is acquitted of that offense in a new trial or the charges that he or she committed that offense are dismissed, the State Superintendent of Education shall forthwith terminate the suspension of the license. When the conviction becomes final, the State Superintendent of Education shall forthwith revoke the license.

(Source: P.A. 97607, eff. 82611; incorporates 961551, eff. 7111; 971109, eff. 1113; 971150, eff. 12513.)