



THE ART INSTITUTE OF CHICAGO  
SCHOOL OF THE ART INSTITUTE OF CHICAGO

**Human Resources Department**  
111 S. Michigan Avenue  
Chicago, Illinois 60603-6110

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**Application for Employment**

**PLEASE PRINT**

Name \_\_\_\_\_ Social Sec No. \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone (\_\_\_\_) \_\_\_\_\_ Business Telephone (\_\_\_\_) \_\_\_\_\_

Person we can contact if we cannot reach you:

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

May we call you at your place of business? Yes \_\_\_\_\_ No \_\_\_\_\_

List position(s) for which you are applying for (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

THE ART INSTITUTE OF CHICAGO  
SCHOOL OF THE ART INSTITUTE OF CHICAGO (SAIC)

EQUAL OPPORTUNITY EMPLOYER\*

How did you hear about us?

Newspaper Ad \_\_\_ School \_\_\_ AIC/SAIC employee \_\_\_ Agency \_\_\_ On my own \_\_\_ Other \_\_\_\_\_

Please list name of referral source:

\_\_\_\_\_

Are you under 16 years of age? Yes \_\_\_ No \_\_\_

Have you ever been employed at the AIC/SAIC before? Yes \_\_\_ No \_\_\_

If yes, from \_\_\_\_\_ to \_\_\_\_\_

In what capacity?

\_\_\_\_\_

Does the AIC employ any of your relatives? Yes \_\_\_ No \_\_\_ If Yes, list name and department.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Immigration and Reform Act of 1986 strictly prohibits the hiring of persons not eligible to work in the United States and further requires all newly hired employees to produce evidence of employment eligibility (including US citizens).

Are you legally authorized to work in the United States? Yes \_\_\_ No \_\_\_

If you have a disability and need an adjustment, accommodation, or an auxiliary aid to participate in the application process, please describe below.

\_\_\_\_\_

\_\_\_\_\_

Are you willing to work any day of the week, shift and all requested overtime? Yes \_\_\_ No \_\_\_

If not, please explain

\_\_\_\_\_

Have you ever been discharged, asked to resign, or otherwise been involuntarily terminated from any job?

Yes \_\_\_ No \_\_\_ If yes, please explain

\_\_\_\_\_

Have you used another name (nickname, changed name, assumed name) in order for us to perform a complete check on your educational record or work history?

Yes \_\_\_ No \_\_\_ If yes, please explain

\_\_\_\_\_

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

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

You should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed. Please note that disclosure of a conviction of crime is not an automatic bar to employment.

**\*The Art Institute of Chicago and The School of The Art Institute believes that all persons are entitled to equal employment opportunities, and does not discriminate against its employees, because of race, religion, color, national origin, age, gender or any other bases prohibited by applicable law, provided they are qualified and meet the requirements established for the job.**

**EDUCATION AND TRAINING**

Circle the highest grade completed. Elementary School 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 5 6

List your education accurately and completely. Proof of education may be required at time of hire.

Name of school	Address	Did you graduate?	Major field of course of study
Elementary School		Yes ____ No ____	
High School		Yes ____ No ____	
Trade or Business School		Yes ____ No ____	
College		Yes ____ No ____	
Graduate School		Yes ____ No ____	

**MILITARY EXPERIENCE**

Branch of service: \_\_\_\_\_ Rank: \_\_\_\_\_  
 Dates: From \_\_\_\_\_ to \_\_\_\_\_

Training, duties, honors related to position(s) for which you are applying

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**SKILLS - Check the skills in which you have had training or experience**

Food Services    \_\_\_ Cooking    \_\_\_ Salad Making    \_\_\_ Dining Room Work    \_\_\_ Wait Staff    \_\_\_ Bakery  
                          \_\_\_ General Kitchen Work            \_\_\_ Supervisory    \_\_\_ Other \_\_\_\_\_

Building Services    \_\_\_ Security Guard    \_\_\_ Grounds    \_\_\_ Controls    \_\_\_ Electrical    \_\_\_ Mechanic  
                          \_\_\_ Housekeeper    \_\_\_ Heating    \_\_\_ Carpentry    \_\_\_ Shipping    \_\_\_ Sheet Metal  
                          Other \_\_\_\_\_

Office/Business        Typing – wpm \_\_\_\_\_ Shorthand – wpm \_\_\_\_\_ Word Processing \_\_\_\_\_  
                          Accounting/Bookkeeping \_\_\_\_\_

Data Processing equipment: \_\_\_\_\_

Technical programming languages: \_\_\_\_\_

Type (s) of software programs: \_\_\_\_\_

Note any other languages, special training, skills or professional licenses you may have which apply to the position you are interested.

**EMPLOYMENT HISTORY - Indicate a continuous record of employment beginning with your most recent position.**

EMPLOYER	EMPLOYED FROM: MO                  YEAR	TO: MO                  YEAR
ADDRESS	SUPERVISOR'S NAME	
CITY, STATE & ZIP CODE	SUPERVISOR'S TITLE	
TELEPHONE NUMBER	SALARY	
JOB TITLE	REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT	
DUTIES		

EMPLOYER	EMPLOYED FROM MO                  YEAR	TO MO                  YEAR
ADDRESS	SUPERVISOR'S NAME	
CITY, STATE & ZIP CODE	SUPERVISOR'S TITLE	
TELEPHONE NUMBER	SALARY	
JOB TITLE	REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT	
DUTIES		

EMPLOYER	EMPLOYED FROM MO                  YEAR	TO MO                  YEAR
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CITY, STATE & ZIP CODE	SUPERVISOR'S TITLE	
TELEPHONE NUMBER	SALARY	
JOB TITLE	REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT	
DUTIES		

May we contact the employers above?    Yes \_\_\_\_\_    No \_\_\_\_\_

If no, indicate which one(s) you do not wish us to contact:

\_\_\_\_\_

\_\_\_\_\_

I hereby affirm that the information provided on this application or in connection with the processing of this application (and accompanying resume and documents, if any) is true and complete to the best of my knowledge. I understand that, if employed, any misrepresentations, omissions or material inaccuracies on my application or supporting materials, regardless of when discovered, can result in immediate termination.

I authorize the AIC/SAIC to conduct any appropriate background investigation and to request and receive information concerning my qualifications for employment from past and present employers and authorize such persons to provide this information. I understand that any offer of employment or continued employment is contingent upon receipt of satisfactory results.

**THIS APPLICATION DOES NOT CREATE AN OFFER OF EMPLOYMENT.** If employed, I understand that my employment is at will, meaning that it and my compensation may be terminated by the AIC/ SAIC or me at any time, without explanation, notice or hearing. I understand further that employment policies and benefits are subject to revision or termination at the sole discretion of the AIC/SAIC.

No AIC/SAIC Representative has authority to alter or modify the above stated basic nature of this employment relationship unless it is done in writing and approved by the Vice President for Human Resources or any Officer of The Art Institute of Chicago.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of interview \_\_\_\_\_ Interviewer \_\_\_\_\_

Complete if hired:

Start date \_\_\_\_\_ Starting Salary \_\_\_\_\_ Job level \_\_\_\_\_

Position \_\_\_\_\_ Job Title \_\_\_\_\_ Department \_\_\_\_\_