NEW HIRE PACKET
INTERN
Personal Information

Name: (Ms. / Miss. / Mrs. / Mr. / Dr.) Circle one.

Last: ___________________________ First: _______________________________ Middle Initial: _______

(Name must be the same as it appears on your Social Security Card. This is also how your name will appear on all checks)

Address: ________________________________________________________________

City: ____________________________ State: _______ Zip: _______ County: _______________

(i.e. Cook)

Phone #: _____ / __________ Soc.Sec. #: ______________________________ Birthdate: _____ / _____ / _____

Gender: _____ Female       _____ Male

Marital Status: _____Married      _____Single      _____Civil Union      _____Domestic Partnership

_____Divorced      _____Widowed

Military Status: _____Actv Resv      _____Both Vet      _____Retired      _____Viet Vet

_____Misc Vet      _____Other Vet      _____Inact Resv      _____No Mil Svc

Person to Contact in Case of Emergency

Primary Contact:

Name: ___________________________ Relationship: ___________________________

Last  First  MI

Telephone #: __________ / ______________________ Work Phone #: __________ / __________

Address: ________________________________________________________________

City: ____________________________ State: _______ Zip: _______________

Alternate Contact:

Name: ___________________________ Relationship: ___________________________

Last  First  MI

Telephone #: __________ / ______________________ Work Phone #: __________ / __________

Address: ________________________________________________________________

City: ____________________________ State: _______ Zip: _______________

Employee Signature: ___________________________ Date Completed: ________________
New Hire Self-Identification of Race/Ethnicity

Please read all instructions carefully before completing the form.

**Anti-Discrimination Notice:** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual’s terms and conditions of employment, because of such individual’s race, color, religion, sex, or national origin.

The Art Institute is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, AIC invites employees to voluntarily self-identify their race or ethnicity.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**Invitation to Self-Identify**

Please answer the following question

**What is your race or ethnicity?**

**Section A: Ethnicity**

- **Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. *(If you select this box, do not continue beyond this question.)*

**Sections B: Race** (Mark all boxes that apply)

- **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- **Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.

- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- **Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- **American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Name: __________________________________________ Date: __________________

Signature: __________________________________________
Notice of Workers’ Compensation
Preferred Provider Program (PPP)

This information is being provided as an explanation of your rights and responsibilities should you have a work-related injury.

Illinois law allows an employer to offer healthcare services to an employee with a workers’ compensation injury through an approved Preferred Provider Program (PPP). The Illinois Department of Insurance requires the PPP network to meet standards for geographic accessibility, adequacy of medical providers, and other factors important to assure the adequacy of medical care to an injured employee. You may choose to be treated by a medical provider in the PPP network subject to the limitations described below. To access the list of medical providers, visit www.aig.com/intellirisk. Select “Find Nearby Medical Care” and then search by “Address” or “Name.” Complete the necessary information and click “Continue.”

After report of injury to us, you may in writing decline your participation in the PPP. Should you decline participation in the PPP, the law provides that your declination of participation constitutes one of the two choices of medical providers to which you are otherwise entitled to. You may also decline treatment from the PPP at any time throughout your treatment for this work-related injury. However, that declination will also constitute one of your two choices of medical providers, unless the Illinois Workers’ Compensation Commission determines that the medical treatment provided to you by the PPP medical provider is inadequate. In addition, the law provides if, prior to report of an injury, you are provided non-emergency treatment from a medical provider not within the PPP, that treatment would constitute one of the two choices of a medical provider to which you are otherwise entitled to. Please be advised that our company may not be required to pay for medical treatment you receive from medical providers outside, or beyond your two choices of medical providers and subsequent referrals.

If the PPP does not have a medical provider who can provide an approved medical treatment, a medical provider not in the PPP, may be used at our expense if you have complied with our PPP’s pre-authorization requirements for use of the medical provider who is not a member of the PPP.

For questions related to PPP coverage, contact AIG Medical Management Services at 312-930-2195, or by email at ilppp@aig.com.
Applicant Disclosure and Authorization Statement

In connection with your application for employment, the Art Institute of Chicago (AIC) may request certain information about you from a consumer reporting agency, such as S2Verify, LLC. The type of information that we may request includes, but is not limited to, social security number verifications; address history; criminal records checks; public court records checks; driving records checks (for certain positions); employment history verifications; and professional licensing/certification checks. In addition, if the position that you are applying for will involve access to AIC's financial resources, we may request information in the form of a credit check. The information provided by S2Verify may be obtained from private and/or public records sources, including as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources. The information provided to AIC by S2Verify is called a consumer report.

If you are not hired by AIC because of information obtained, in whole or in part, from your consumer report, then you will have the option to receive a copy of the report from S2Verify. S2Verify can be contacted at P.O. Box 2597, Roswell, GA 30077 or by phone at (770)649-8282 or by email at compliance@s2verify.com.

A summary of your rights under the Fair Credit Reporting Act can be found at AIC’s Department of Human Resources or at http://www.S2Verify.com/resources.html. At that website address, you can also find applicable state law information.

Additional State Law Notices

California, Oklahoma and Minnesota: You have the right to receive a copy of your background/investigative report by checking the box on the Authorization of Background Investigation below. California Law: Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by S2Verify during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at S2Verify's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. S2Verify has trained personnel available to explain your file to you, including any coded information.

Maine: You have the right, upon request, to be informed of whether an investigative background report was requested, and if one was requested, the name and address of the background reporting agency furnishing the report. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

Massachusetts: If we request an investigative background report, you have the right, upon written request, to a copy of the report.

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law. By signing the Authorization below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Washington State: If the Art Institute of Chicago requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Art Institute of Chicago a complete and accurate disclosure of the nature and scope of the investigation requested by the Art Institute of Chicago. I further understand that the Art Institute of Chicago will not obtain information about my "credit worthiness, credit standing, or credit capacity" unless the information is required by law, or is substantially job related, and the reasons for using the information are disclosed to me in writing. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the summary of rights under the Fair Credit Reporting Act and the applicable state laws at [http://www.S2Verify.com/resources.html](http://www.S2Verify.com/resources.html). By my signature below, I authorize the Art Institute of Chicago (AIC) to retain the services of a consumer reporting agency, such as S2Verify, LLC, to prepare a consumer report on me. I understand that a consumer report may include information such as social security number verifications; address history; criminal records checks; public court records checks; driving records checks (for certain positions); employment history verifications; and professional licensing/certification checks; and, if appropriate depending on the position, credit checks.

I consent to the release of my consumer report to AIC and its designated representatives and agents for the purposes of determining my eligibility for employment, retention, or other lawful employment purposes.

I understand that information contained in my employment application, or otherwise disclosed by me before, or during, my employment, if any, may be used for the purpose of obtaining a consumer report on me. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies (if appropriate), my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Disclosure and Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, the Art Institute of Chicago.

California, Minnesota or Oklahoma applicants only:

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

I wish to receive a free copy of the report.

<table>
<thead>
<tr>
<th>First Name: _____________________</th>
<th>Middle Initial____</th>
<th>Last Name: ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: _________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City: ___________________________</td>
<td>State:___________</td>
<td>Zip:__________</td>
</tr>
<tr>
<td>Social Security Number:___________</td>
<td>Date of Birth:__________</td>
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<tr>
<td>Email Address:____________________</td>
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<td></td>
</tr>
<tr>
<td>Signature:_______________________</td>
<td>Date:_________________</td>
<td></td>
</tr>
</tbody>
</table>
Acknowledgment of the Art Institute of Chicago’s Employee Guidelines

With my signature below, I acknowledge that I have been made aware of the availability of the Art Institute of Chicago’s Employee Guidelines located on the Intranet.

I acknowledge that I am expected to read and familiarize myself with the contents of the Employee Guidelines which contain, among other things, important information on the Art Institute’s policies prohibiting sexual harassment, or harassment of any kind, and maintaining a workplace free from the effects of drug and alcohol use or abuse.

I understand that nothing contained in the Employee Guidelines constitutes a contract of employment of any sort. Neither the Employee Guidelines nor any Art Institute policy or form are intended to create an agreement, either express or implied, guaranteeing employment for any specific period of time.

Employee’s Name: ________________________________

Employee’s ID #: ________________________________

Employee’s Signature: ___________________________  Dated: _______________
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Employee’s Name: ____________________________________________

Employee’s ID #: ____________________________________________

Employee’s Signature: ________________________________________ Dated: _________________
Employee Guidelines

INTRODUCTION

1.0 THE STRUCTURE OF THE ART INSTITUTE OF CHICAGO

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3.0 DIVERSITY

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12-1-15
Intern Confidentiality Agreement

It is acknowledged by the undersigned individual ("Intern") to this Confidentiality Agreement (hereinafter "Agreement") that confidential information is a valuable and unique asset of The Art Institute of Chicago, which includes the School of the Art Institute of Chicago, (hereinafter the “AIC”). Confidential information is defined as any information reviewed, witnessed or heard in the process of interning in any department within AIC, particularly relevant to any and/or all employees of the AIC, students, members and donors, as well as any other information that the department generates during the course of their ordinary work.

Intern understands that confidential information will only be made known to Intern in confidence in connection with responsibilities performed by Intern aimed at fulfilling the internship’s purpose. Intern agrees that disclosure or use of confidential information by Intern other than for the sole benefit of the AIC is wrongful and would cause irreparable harm to the AIC. If Intern is in doubt as to whether certain information is confidential information, Intern will treat such information as confidential information. Intern further acknowledges that Intern will not disclose or use confidential information for any purpose other than in the Intern duties accepted for the AIC. This obligation extends during the entire intern time, as well as after completion of the internship or anytime thereafter.

Intern acknowledges that Intern’s breach of the obligations under this Agreement cannot be reasonably or adequately compensated in damages in an action of law. If Intern breaches or threatens to breach any provision of the Agreement, the AIC shall be entitled to an injunction, without bond, restraining Intern from committing such breach. The AIC’s right to an injunction shall not limit its right to any other remedies, including damages.

This Agreement shall be governed by the laws of the State of Illinois.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND AGREE TO THE TERMS OF THIS AGREEMENT.

INTERN

Name: _________________________________  Name: _____________________________
Signature: ______________________________  Signature: __________________________
Title: ______________________________
Date: ______________________________

THE ART INSTITUTE OF CHICAGO

Name: _________________________________  Name: _____________________________
Signature: ______________________________  Signature: __________________________
Title: ______________________________
Date: ______________________________
1. 280 South Columbus Drive
   280 S. Columbus Dr.
2. The Art Institute of Chicago
   111 S. Michigan Ave.
3. The Modern Wing
   159 E. Monroe St.
4. 116 South Michigan Avenue
   116 S. Michigan Ave.
5. MacLean Center
   112 S. Michigan Ave.
6. Sharp Building
   37 S. Wabash Ave.
7. The LeRoy Neiman Center
   37 S. Wabash Ave.
8. Sullivan Center
   36 S. Wabash Ave.
9. Sullivan Galleries
   33 S. State St.
10. Jones Hall
    7 W. Madison Ave.
11. 162 North State Street Residences
    162 N. State St.
12. Gene Siskel Film Center
    164 N. State St.
13. The Buckingham
    59 E. Van Buren St.
14. Spertus Building
    610 S. Michigan Ave.