

Incomplete Applications will not be considered

Must be completed in Black or Blue Ink Pen

For Office Use Only

Certification Verified and copy attached:

- | | | | | |
|--|------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Teacher | <input type="checkbox"/> Lead Teacher | <input type="checkbox"/> Director I | <input type="checkbox"/> Director II |
| <input type="checkbox"/> Infant-Toddler | <input type="checkbox"/> Preschool | <input type="checkbox"/> Site Coordinator | <input type="checkbox"/> Group Leader | |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> CPR | <input type="checkbox"/> Serve Safe | <input type="checkbox"/> 7D License | <input type="checkbox"/> Other _____ |

Worcester Comprehensive Education and Care, Inc.
Application for Employment

Legal Name: _____
First Middle Last

Address: _____

Email Address: _____

Telephone: _____

Employment Status Desired: ☐ Full Time ☐ Part Time ☐ Substitute/On Call ☐ Seasonal

POSITION (Desired):

Languages Spoken:

Language Writing Fluency

<input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Home Visitor	<input type="checkbox"/> Driver	<input type="checkbox"/> English	<input type="checkbox"/> English
<input type="checkbox"/> Teacher	<input type="checkbox"/> Case Worker	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Spanish	<input type="checkbox"/> Spanish
<input type="checkbox"/> Lead Teacher		<input type="checkbox"/> Cook	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Assistant Group Leader (School Age)		<input type="checkbox"/> Office Support Staff		
<input type="checkbox"/> Group Leader (School Age)		<input type="checkbox"/> Social Worker		
<input type="checkbox"/> Program Director		<input type="checkbox"/> Billing Specialist/other		

EDUCATION

Attached Resume

	Name & Location of School	Graduated	Major
High School or GED		<input type="checkbox"/> No <input type="checkbox"/> Yes/Year _____	
2 Year College		<input type="checkbox"/> No <input type="checkbox"/> Yes/Year _____	
4 Year College		<input type="checkbox"/> No <input type="checkbox"/> Yes/Year _____	
Post Graduate Studies		<input type="checkbox"/> No <input type="checkbox"/> Yes/Year _____	

- | | | |
|---|--|------------------------------------|
| 1. Do you hold a First Aid Certificate? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Expiration Date _____/_____/_____ |
| 2. Do you hold a CPR Certificate? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Expiration Date: _____/_____/_____ |
| 3. Do you hold EEC any Certification? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Certification# _____ |
| 4. Do you have the 7D license? | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 5. Do you own a vehicle? | <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Revised April 29, 2024

WCEC does not discriminate against an employee or employment applicant based on race, color, religion, gender, age, national origin, disability, marital status, sexual orientation, or military status in any of its activities or operations.

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4. Special licenses, certification, or training? _____
5. Have you ever been investigated by the Department of Children & Families for Child Abuse or Neglect?
- ☐ No ☐ Yes
6. Some positions within WCEC require that applicants be over the age of 18.
- Are you over the age of 18? ☐ No ☐ Yes

EMPLOYMENT HISTORY: List most recent employer first.

Dates	Name & Address of Employer	Job Title	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			

REFERENCES - Please list three people, **not related to you**, whom you have known for at least one year.

One of the three references needed, may be from a current WCEC employee.

Name and Relationship	Address	Telephone #	# Of Years Known
1.			
2.			
3.			

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information, and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize WCEC to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release WCEC, my former employers and all other persons and entities, from all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

✓ _____
Signature of Applicant

_____/_____/_____
Date of Application

ER-1/EEC

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