## Must be completed in Black or Blue Ink Pen

For Office Use Only Certification Verified and copy attache	ed:										
			nd Teacher   Director I		☐ Director I	☐ Director II					
☐ Infant-Todd	ler [	☐ Preschool	☐ Site	Site Coordinator		☐ Group Lead	der				
☐ First Aid		□ CPR	□ Ser			☐ 7D License	□ Other				
Worcester Comprehensive Education and Care, Inc.											
Application for Employment											
Legal Name: First Middle Last											
First Middl					e Last						
Address:Email Address:				Telephone:							
Employment Status Desired:   Full Time   Part Time					☐ Substitute/On Call ☐ Seasonal						
POSITION (Desired):			<u>Languages Sp</u>		Spoken:	Language Writing Fluency					
☐ Assistant Teacher ☐ Home Vis	□ Driver		☐ English			☐ English					
☐ Teacher ☐ Case Manager		☐ Housekeeping		☐ Spanish			☐ Spanish				
□ Lead Teacher				□ Other			□ Other				
☐ Assistant Group Leader (School	☐ Assistant Group Leader (School Age) ☐ Office Support Staff		Staff								
☐ Group Leader (School Age)		☐ Social Worker									
□ Program Director □ Billing Specialist/other		t/other									
EDUCATION   Attached Res	ume										
Name & Location of		e & Location of Sc	chool	Graduated		ated	Major				
High School or GED				□ No							
				□ Yes/Year							
2 Year College			□ No		0						
				□ Yes/Year							
4 Year College				□ No							
					□ Yes/Year						
Post Graduate Studies				□ No							
				□ Yes/Year							
1. Do you hold a Fist Aid Certificate?		□ No	□ Yes								
2. Do you hold a CPR Certificate?		□ No	□ Yes	Expiration Date:		iration Date:	/				
3. Do you hold EEC any Certification?		<sup>2</sup> □ No	□ Yes	Certification#		tification#					
4. Do you hold a 7D license?		□ No	□ Yes								
5. Do you own a vehicle?		□ No	□ Yes								

Revised April 24, 2025

	ses, certification,	or training?				
7. Have you ev	er been investiga	ted by the Department of	Children & Familio	es for Child Abuse	e or Neglect?	
		□No□	Yes			
8. Some position	ons within WCEC	require that applicants be	over the age of 18	8.		
Are you ove	r the age of 18?	□No□	Yes			
EMPLOYMENT HIS	TORY: List most re	cent employer first.				
Dates	Name & A	Address of Employer	Job Tit	tle	Reason for Leaving	
From						
То						
From						
То						
From						
То						
From						
То						
DEEEDENICES Diogram	co list three needs	not related to you, whom y	ou have known for	at least one year		
		ay be from a current WCEC		at least offe year.		
Name and Re		Address		Telephone #	# Of Years Known	
1.						
2.						
3.						
3.						
3.						
3. uthorization and Ackn	owledgements					

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.

Revised April 24, 2025