Incomplete Applications will not be considered

Must be completed in Black or Blue Ink Pen

For Office Use Only Certification Verified and copy attached	l:						
☐ Assistant Tea			d Teacher 🗆 Director I		☐ Director II		
☐ Infant-Toddler ☐ Preschool		☐ Site	Coordinato	or Group Lead	der		
☐ First Aid	☐ First Aid ☐ CPR ☐ Se		□ Ser	ve Safe	☐ 7D License	□ Other	
Worces	ter Compre	ehensiv	ve Edu	cation a	and Care, In		
	Applic	ation f	or Em	ployme	nt		
Legal Name:							
First			Middle	2		Last	
Address:		Telephone:			Telephone:		
Employment Status Desired:] Full Time	☐ Part 1	Гіте	☐ Substi	tute/On Call		
POSITION (Desired):				Langua	ages Spoken:	Language Writing Fluency	
☐ Assistant Teacher ☐ Home Visit	tor 🗆 Driver	□ Driver		☐ English		☐ English	
□ Teacher	☐ House	☐ Housekeeping		☐ Spanish		☐ Spanish	
□ Lead Teacher	□ Cook			☐ Other		□ Other	
☐ Assistant Group Leader (School A	ge) □ Office	Support S	Staff				
☐ Group Leader (School Age)	□ Social	Worker					
☐ Program Director	☐ Billing	☐ Billing Specialist/other					
EDUCATION							
Name & Locati			chool	Gr	raduated	Major	
High School or GED				□ No			
				□ Yes/Ye	ar		
2 Year College				□ No			
				□ Yes/Ye	ar		
4 Year College				□ No			
				= V. /V			
				⊔ Yes/Ye	ar		
Post Graduate Studies				□ No			
				□ Yes/Ye	ar		
Do you hold a Fist Aid Cert	ificate?	□ No	□ Yes		Expiration Date_		
2. Do you hold a CPR Certificate? □ No □ Yes					Expiration Date:/		
3. Do you hold EEC any Certif	ication?	□ No	□ Yes		Certification#_		

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4.	Special licens	es, certification,	or training?				
5.	Have you eve	er been investigat	ed by the Departi	ment of Children	& Families for Child Al	buse or Neglect?	
			□ No	□ Yes			
6.	Some positio	ns within WCEC r	equire that applic	ants be over the	e age of 18.		
	Are you over	the age of 18?	□ No	□ Yes			
EMPI	OYMENT HIST	ORY: List most red	cent employer first.				
	Dates Name & Ado		ddress of Employ	er	Job Title	Reason for Leaving	
From							
То							
From							
То							
From							
То							
From							
То							
REFE	RENCES - Please	e list three people,	not related to you,	whom you have k	nown for at least one yea	nr.	
One o	of the three refe	rences needed, ma	y be from a curren	t WCEC employee			
One o	of the three refe Name and Re			t WCEC employee ddress	Telephone i	# # Of Years Known	
One o						# # Of Years Known	
						# # Of Years Known	
						# # Of Years Known	
1.						# # Of Years Known	
1.						# # Of Years Known	
1.						# # Of Years Known	
1. 2. 3.	Name and Re	lationship				# # Of Years Known	
1. 2. 3.	Name and Re	lationship	A	ddress	Telephone s		
1. 2. Authoriz	Name and Re ation and Ackno I affirm that th	owledgements e information I have	re provided in this a	pplication is true t	o the best of my knowled	Ige, information, and belief, and	
1. 2. Authoriz	ation and Acknown I affirm that thot knowingly witon is grounds foe.	owledgements e information I hav hheld any informat or rejection of my a	re provided in this a ion requested. I un oplication, and that	pplication is true t derstand that with providing false or	o the best of my knowled sholding or misstating any misleading information in	lge, information, and belief, and y information requested in this n this application is grounds for	
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