



APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran's status, or the presence of a non-job related medical condition or handicap.

Name _____
 Please Print First Last Middle

Address _____
 Number Street City State Zip

Cell phone number _____ Home phone number _____

Application Date _____ Position Applying For _____

Referral source: _____ Advertisement _____ Friend _____ Relative _____ Job -Posting _____ Other _____

Have you ever served here as a volunteer/intern? No ____ Yes ____ Date _____	Have you filled out an application here before? No ____ Yes ____ Date _____	Have you ever been employed/substituted here before? No ____ Yes ____ Date _____
Are you a citizen of the United States? ____No ____ Yes If not, do you have the legal right to work in the United States? No ____ Yes ____ Alien Registration Number# _____	Are you available to work Full- Time ____Part-Time ____ Date available to work _____	Do you have a car and a valid driver's license for employment use if a position required it? No ____ Yes ____

Background Record Check (BRC)

Berkshire County Head Start will complete a Background Records Check (BRC) on applicants. By consenting to a BRC, you acknowledge that you have been notified of and agree to the following:

- That a BRC may be periodically conducted during the course of employment of service with EEC or and EEC licensed approved and or funded program.
- Your BRC information may be utilized by the criminal justice official, qualified mental health professional, hiring authority's CORI Reviewer, or EEC personnel conducting themselves in conformance with 606 CMR 14.00.

Are you at least 21 years of age? No ____ Yes ____	Do you object to a Background Record Check (BRC)? No ____ Yes ____ Date _____	Have you ever been convicted of a criminal offense or had a criminal charge continued without finding? No ____ Yes ____ Date _____
Have you been found responsible for the abuse or neglect of a child by the Massachusetts Department of Children and Families pursuant to a report issued under M.G.L. c. 119 §§ 51A and 51B? No ____ Yes ____	Have you been found responsible for the abuse or neglect of a child by any state, county, municipal or federal authority? No ____ Yes ____	

Do you have a criminal record and what crimes, if any, have you been convicted of? No ____ Yes ____ _____ _____ _____ _____	In this section, do not include: (per the provisions of M.G.L. c. 151B, §4(9)) (a) Any finding of non-support in a DCF 51B Report; (b) Any finding of abuse or neglect by DCF that was overturned on appeal; (c) An arrest, detention, or disposition regarding any violation of law in which no conviction resulted; or (d) A first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace; or (e) Any conviction of a misdemeanor where the date of such conviction or the completion of any period of incarceration resulting there from, whichever date is later, occurred five or more years prior to the date of such application for employment or such request for information, unless such person has been convicted of any offense within five years
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Education

School	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment Experience

List each job held. Start with your present job. If you have a resume, skip this and attach resume.

Employer (1)	Dates
Address	From To
Job Title	
Reason for Leaving:	
Employer (2)	Dates
Address	From To
Job Title	
Reason for Leaving:	
Employer (3)	Dates
Address	From To
Job Title	
Reason for Leaving:	
Employer (4)	Dates
Address	From To
Job Title	
Reason for Leaving:	

If you need additional space please use the reverse side of this page.

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

References

*List below three people other than relatives such as former employers/supervisors.
All references including present and former employers will be contacted.*

Name and Title	Address	Agency/Business	Telephone
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Name and Title	Address	Agency/Business	Telephone
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Name and Title	Address	Agency/Business	Telephone
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Agreement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in these applications for employment as may be necessary in arriving at an employment decision. I understand all references including present and former employers will be contacted.

*In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the: **Berkshire County Head Start Child Development Program, Inc.***

Signature of Applicant

Date