



Beverly Children's Learning Center, Inc.
Comprehensive Child Care and Family Resource Programs
550 Cabot Street, Beverly, MA 01915

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap. (Do not include any information that would reveal race, religion, physical handicap, marital status, or ancestry.)

(Please Print)

Date of Application: _____

Position(s) Applying For: _____

Referral Source: ___ Advertisement ___ Friend ___ Relative ___ Job Posting ___ Other

If you have a friend or relative that works for BCLC list name(s): _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Phone Number: _____
Area Code

Have you filed an application here before? ___ Yes ___ No Date: _____

Have you ever been employed here before? ___ Yes ___ No Date: _____

Are you a citizen of the United States?: ___ Yes ___ No

If not, do you have the legal right to work in the U.S.?: ___ Yes ___ No

Identification will be requested upon hire.

Are you available to work?: ___ Full Time ___ Part Time ___ Shift Work

Do you have a car for employment use if a job requires it?: ___ Yes ___ No

Are you willing to obtain a 7D license?: ___ Yes ___ No

Are you willing to obtain a CDL license? ___ Yes ___ No

Are you a veteran of the U.S. military service?: ___ Yes ___ No

Are you at least 21 years of age?: ___ Yes ___ No

What foreign languages do you speak, read, and/or write?: _____

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability." Mass. Gen. Laws, Chapter 149, Section 19B.

Employment Experience

List each job held. Start with your Present or Last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex, national origin, or branch of the military service.)

1. Employer:	Dates	Work Performed
Address:	From To	
Job Title:	Hourly Rate/Salary	
Supervisor:	Starting Final	
Reason for Leaving:		
May we Contact:		
2. Employer:	Dates	Work Performed
Address:	From To	
Job Title:	Hourly Rate/Salary	
Supervisor:	Starting Final	
Reason for Leaving:		
May we Contact:		
3. Employer:	Dates	Work Performed
Address:	From To	
Job Title:	Hourly Rate/Salary	
Supervisor:	Starting Final	
Reason for Leaving:		
May we Contact:		
4. Employer:	Dates	Work Performed
Address:	From To	
Job Title:	Hourly Rate/Salary	
Supervisor:	Starting Final	
Reason for Leaving:		
May we Contact:		

Summarize special skills and qualifications acquired from employment or other experience:

Availability

(Please list the times that you are available to work. BCLC is open Monday through Friday from 7:00 a.m. – 600 p.m.)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Education

(Do not list dates of graduation.)

	Elementary	High School	College/University	Graduate/Professional
School Name:				
Years (Circle) Completed:	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Describe Course of Study:				

Describe specialized training, apprenticeship, skills, and extra-curricular activities:

State any additional information you feel may be helpful to us in considering your application.

Give the name, organization and phone number of three **job-related** references not related to you.

1.
2.
3.

Why did you choose to seek employment with BCLC?

Agreement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 Beverly Children's Learning Center, Inc.

Signature of Applicant	Date

(For Office Use Only)

Degree Verification For All Professional Staff: _____

Degree and Major	Date College Called	Caller
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