

**WILMINGTON PUBLIC SCHOOLS  
C.A.R.E.S. PROGRAMS  
320 Salem Street  
Wilmington, Massachusetts 01887**

**Telephone: 978-284-6111**

**Fax: 978-694-6043**

**APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For _____	Date of Application _____	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name _____	First Name _____	Middle Name _____
Address: Number _____ Street _____ City _____ State _____ Zip Code _____		
Telephone Numbers: Home _____ Cell _____		
E-mail Address _____		
Emergency Contact: Name: _____ Cell: _____		

Have you ever filed an application with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Indicate days/times available: MONDAY \_\_\_\_\_  
TUESDAY \_\_\_\_\_  
WEDNESDAY \_\_\_\_\_  
THURSDAY \_\_\_\_\_  
FRIDAY \_\_\_\_\_

Are you available on Early Release Days:  YES  NO  
Can you travel if a job requires it?  YES  NO

Do you have a current: FIRST AID CERTIFICATE \_\_\_\_\_ CPR CERTIFICATE \_\_\_\_\_

If hired, you understand that all C.A.R.E.S. staff are required to obtain certification in First Aid and CPR within 180 calendar days of employment and are responsible for maintaining a current certification at all times.

If you are under 18 years of age, you must obtain legal work permit. All employees must complete the Fingerprinting Process.

**Signature:** \_\_\_\_\_

**REFERENCE(S)**

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1.	_____ ( ) _____	_____
	(Name)	Phone #
2.	_____ ( ) _____	_____
	(Name)	Phone #
3.	_____ ( ) _____	_____
	(Name)	Phone #

**HIGHEST LEVEL OF EDUCATION:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that all 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, including a complete reference check. This authorization includes the authorization for the Employer to do a check of my criminal records through CORI. I understand that a CORI check, acceptable to the Employer, is a condition of my employment. I also understand and agree that the Employer may do periodic CORI checks, if I am offered and I accept employment.

This application for employment shall be considered active for the period of time up to the filling of the desired position. Any applicant wishing to be considered for employment after this time should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

If employed, I authorize the Wilmington Public Schools and its employees or agents to provide any and all information regarding my employment history to any prospective employer who makes such a request of the Wilmington Public Schools. The request may be in writing or made orally. Likewise, Wilmington Public Schools, its employees and/or agents may provide the information orally or in writing. I understand and agree that I will not bring any action against the Wilmington Public Schools, its employees or agents, and/or against the prospective employer, its employees or agents which relates to this release and/or the provision of information pursuant to this release.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date