



Application for Employment at Massachusetts Programs

Equal access to programs, services, and employment is available to all persons. Those applicants requiring an accommodation to the application and/or interview process should contact a representative of the Human Resources Department.

Position

Position applying for:

Type of employment desired:	Full-time	Part-time			
	School year only	Summer program only	Full year		
Referral source:	Newspaper ad	Current employee	Relative	Walk-In	Employment Agency

Contact Information

First name:	Middle:	Last:
Street:	Home phone:	
City:	Mobile phone:	
State/Zip:	Email:	

Other Candidate information

Are you under 18 years of age? Yes No If yes, can you furnish a work permit? Yes No

Have you ever been employed by Playful Minds before? Yes No

Yes If yes, please provide dates and position held.

Do you have a driver's license? Yes No Are you a veteran of U.S. military service? Yes No

Has DSS or anyone filed a 51A or 51B report against you? Yes No

If yes, please explain.

Compensation

What hourly compensation range are you looking for? \$ _____ per hour TO \$ _____ per hour

Employment History

Current employer or volunteer experience

Employer:	Job Title:
Address:	Dates employed:
City/State:	
Phone:	
Reason for leaving:	

Previous employers or volunteer experiences (up to 3, if previously employed):

Employer:	Job Title:
Address:	Dates employed:
City/State:	
Phone:	



Reason for leaving:

Employer:

Job Title:

Address:

Dates employed:

City/State:

Phone:

Reason for leaving:

Employer:

Job Title:

Address:

Dates employed:

City/State:

Phone:

Reason for leaving:

Education

Please indicate the highest level of education completed.

Grade: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Friends/relatives

Do you have a friend or relative who currently or previously worked for Playful Minds? Yes No

If yes, please provide the name(s):

References

List names and phone numbers of three references from business or work who are not related to you.

Name:

Phone:

Name:

Phone:

Name:

Phone:

Signature:

Date:

Continue to the following page, read the EEC Background Record Checks Consent document, and sign the last page.



MASSACHUSETTS
**Department of
 Early Education and Care**

EEC Background Record Check Consent Form

In accordance with state and federal law, you must complete and sign this consent form to undergo a Background Record Check (BRC) if applying for licensure, employment, or affiliation involving programs licensed, approved, or funded by the Massachusetts Department of Early Education and Care (EEC).

All fields are required if applicable. If a field is not applicable, leave it blank.

Program and role information

LEAD program number: P-

- | | | |
|---|---|---|
| Role (check, or if using a paper form, circle specific role): | <input type="checkbox"/> Employee/FCC Assistant | Volunteer/Intern |
| | <input type="checkbox"/> Licensee/BRC Program Administrator | FCC Household Member/ Regularly on Premises |
| | <input type="checkbox"/> Adoptive/Foster Parent | Adoptive/Foster Household Member |
| | <input type="checkbox"/> In-Home Relative or Non-Relative Caregiver | |

Personal information

First Name	Middle Name	Last Name
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Have you ever gone by another name, including a maiden name, hyphenated name, or alias? Yes No

If yes, list all maiden names, hyphenated names, aliases, or variations of a name you have ever used:

First Name	Last Name
First Name	Last Name
First Name	Last Name
First Name	Last Name
First Name	Last Name

Have you ever been issued a Social Security Number? Yes No

If yes, list the last 6 digits of Social Security Number (XX-XXXX):

Date of Birth

Birth Country

Birth State

Birth City

Date from		Date to	
Street 1			
Street 2			
Country	State	City	Zip Code

Date from		Date to	
Street 1			
Street 2			
Country	State	City	Zip Code

**Please read this document in its entirety.
Sign the last page before submitting this form.**

Your rights and responsibilities

Confidentiality

EEC takes the protection of personal information seriously. The information you provide to EEC will be kept confidential to the extent required by law and by your agreement to these terms.

The BRC process is in a secure environment used by government agencies. If EEC needs to contact you by email about your BRC, the agency will provide instructions in the email on how to access information in EEC's secure environment. No personal information will be included in e-mail.

EEC does not disclose specific BRC information to programs. Any program where you are currently employed or seeking employment will not be notified of any disqualifying findings. EEC will only share your final eligibility determination with the program.

EEC understands you may need to ask the program to assist you. Please use discretion when requesting assistance from others, as your personal information may be visible to the person assisting you.

User agreement

Signing the BRC Consent Form means that you consent and understand that:

- Your personal information will be submitted to:
 - The Massachusetts Department of Criminal Justice Information Services (DCJIS) for a Criminal Offender Record Information (CORI) check.
 - Within this one-year period, EEC may conduct subsequent CORI checks for your personal information.

- You may withdraw this authorization at any time by providing EEC with written notice of your intent to withdraw consent to a CORI check.
- If you are an adoption or foster care applicant, the results of your CORI check will be shared with the agency listed on your application.
- The Massachusetts Department of Children and Families (DCF) to check for supported allegations of abuse or neglect.
- The Massachusetts Sex Offender Registry Board (SORB) for a Sex Offender Registry Information (SORI) check on sex offenders categorized as levels 1-3 by SORB.
- State law enforcement and the Federal Bureau of Investigation (FBI) to conduct a fingerprint-based search against state and national criminal history databases.
 - Prior to this check, you will complete a separate consent form and will be required to submit fingerprints at a third-party vendor.
- If applicable, your personal information will be searched against the National Sex Offender Registry (NSOR) to check for convictions of sexually violent offenses against adults and children and certain sexual contact and other crimes against victims who are minors.
- If applicable, you authorize EEC to request information about your background from relevant agencies or authorities in any state, territory, or region where you have lived in the past five years, and you further authorize EEC to receive information from such agency or authority about your background.
- EEC may use your information for investigative purposes if you are the subject of or involved in an EEC investigation.
- You are responsible to disclose to EEC if new criminal charges, sex offender registry or repository classifications, or child welfare allegations have been filed against you.
- You authorize EEC to receive information on an ongoing basis for any new or pending allegations or supported allegations involving child welfare agencies, entries in sex offender registries or repositories, and criminal charges at any time within the year, and while you are affiliated with an EEC licensed, approved, or funded program.
- Knowingly providing false or misleading information, including, but not limited to, omitting a known alias or maiden name, failing to list all states where you have resided within the prior five years, or not providing accurate identifying information is independent grounds to find you not suitable for licensure, employment, or affiliation involving an EEC licensed, approved, or funded program.
- If you do not consent to EEC's BRC process then you will be found not suitable for licensure, employment, or affiliation involving an EEC licensed, approved, or funded program.

Non-disclosure and compliance for BRC Program Administrators of Placement

Agencies

A BRC Program Administrator is a person designated by an EEC licensed, approved, or funded program and approved by EEC to submit the required candidate information for a BRC, including consent forms.

As a BRC Program Administrator for an EEC licensed placement agency, you acknowledge the following:

- Any person who willfully requests, obtains, or seeks to obtain Criminal Offender Record Information (CORI) under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of G.L. c.6, §§ 168 through 178B, inclusive, shall for each offense be fined not to exceed five thousand dollars (\$5,000), or be imprisoned in a jail or house of correction for up to one year, or both, and/or may be ordered by the Department of Criminal Justice Information Services (DCJIS) to pay civil fines for each willful violation.
- You are only authorized to request CORI to the extent allowed by DCJIS under its statute and regulations.
- You have reviewed, understand, and agree to comply with the DCJIS guidelines available at <https://www.mass.gov/eopss/agencies/dcjis> and you agree to store and disseminate CORI consistent with these requirements.
- You understand your agency is required to maintain an agency CORI policy and review the Model CORI policy available at <https://www.mass.gov/eopss/agencies/dcjis>.
- You understand a criminal record check will be conducted on you by EEC as a prerequisite to having the authorization to request CORI. You will only be notified if you are determined inappropriate to access CORI.

Signature

I certify, under the pains and penalties of perjury, that the information provided is correct to the best of my knowledge and understanding. I acknowledge that failing to disclose required information or providing false or misleading information is an independent reason to deny suitability for licensure, employment, or affiliation involving programs licensed, approved, or funded by EEC. I further understand that this consent is valid for one year from the date of signing, unless I give EEC a written notice of withdrawal. By signing this form, I acknowledge that I have received and reviewed the background record check informed consent information.

Candidate Signature (or parent/ guardian if under 18 years of age) Date

Candidate Printed name (or parent/ guardian if under 18 years of age)