

*Eastern Panhandle
Instructional Cooperative*

EPIC

Serving the educational needs
of the entire community

109 South College Street • Martinsburg, WV 25401
304.267.3595 • Fax: 304.267.3599

Dear Applicant,

Thank you for your interest in a position with our EPIC Head Start and/or Early Head Start programs!

For immediate consideration, please complete the attached EPIC application **AND** the attached DHHR Authorization and Release for Protective Services Record Check form and submit them together. Please note the DHHR form must include your written signature, not an electronic one.

A DHHR background check is required for all full-time and part-time Head Start and Early Head Start employees, so submitting your form with your application will expedite the onboarding process if you accept employment with us.

Completed applications should be submitted to EPIC in one of the following ways:

- Emailed to sdjohnson@wvesc.org
- Faxed to 304-267-3599 Attention: S. Johnson
- Mailed in or dropped off at our Martinsburg Office (address in the header)

If you have any questions, please don't hesitate to contact the Head Start Program Coordinator, Kendra Brooks, or me at any time. Our contact information can be found below.

Best wishes,

Shannon Johnson
EPIC Human Resource Director
304-596-2663 Direct Line
sdjohnson@wvesc.org

Kendra Brooks
EPIC Head Start Program Coordinator
304-267-3528 Direct Line
kendra.brooks@wvesc.org

**Eastern Panhandle Instructional Cooperative
(EPIC)**

109 S. College Street
Martinsburg, WV 25401
Phone: (304) 267-3595
Fax: (304) 267-3599

APPLICATION FOR EMPLOYMENT with EPIC

INSTRUCTIONS:

1. Complete and return application as specified in Job Posting.
2. Provide copy of college transcript(s) (IF REQUIRED).
3. Provide copy of Teaching Certificate (IF REQUIRED).
4. Provide resume, cover letter and three references.
5. You will be contacted if you are selected for an interview.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

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Date Received:	
Date Interviewed	Interviewed By
Salary Classification	Yrs. Exp. Verified
Comments:	

P E R S O N A L	Last Name	First	Middle	Maiden
	Present Address			
	Phone Number ()		Email Address	
	Position Applying for:			
	Have you ever been employed with EPIC or RESA 8? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Position Held? _____ When? _____			
	Other name(s) on records.			
	Are you under contract with another agency or employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
	Have you ever been dismissed (fired) from any job or resigned at the request of the employer or while charges against you or an investigation of your behavior was pending? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a full explanation must be attached.			
	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have you ever been convicted of a felony or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been investigated for involvement in a case of child abuse or neglect? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If you answered yes to either of the questions above, a full explanation and copies of court documentation or other documentation must be attached to your application. An arrest or conviction record will not necessarily be a bar to employment.

C E R T I F I C A T I O N	What is your current salary classification: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> BA + 15 <input type="checkbox"/> Masters <input type="checkbox"/> MA+15 <input type="checkbox"/> MA+30 <input type="checkbox"/> MA+45 <input type="checkbox"/> PhD <input type="checkbox"/> Other _____
	Do you hold a valid WV Teaching Certificate or any other license or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the Type and Year of Expiration or a copy:
	Do you hold a valid Teaching Certificate or any other license or certificate in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the State(s), Type and Year of Expiration or a copy:
	Have you ever had a license or certificate of any kind revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you in any way been sanctioned by or is any charge or complaint now pending against you by any licensing, certification or other regulatory agency or body, public or private? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered yes to either of these questions, a full explanation and documentation must be attached.

E D U C A T I O N A L T R A I N I N G	High School	Name and Address of Institution				Diploma?
	College(s) Attended (Attach additional pages if needed)	Name and Address of Institution	Major	Minor	Dates	Degree
	Relevant Specialized Training					

R E F E R E N C E S	Name / Position or Title (Do not use relatives as references.)	Mailing Address & Email Address	Telephone
			()
			()
			()
			()

W O R K E X P E R I E N C E	Work Experience (Please list most recent experience first.)				
	From	To	Employer / Address	Kind of Work	Reason for Leaving
	MO YR	MO YR			

S I G N A T U R E	The information provided in this application for employment is true, correct, and complete.	
	I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation, and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies and other individuals and agencies.	
	I understand that if I am employed, any misstatement or omission of fact on this application may result in my dismissal.	
	_____	_____
	Date	Signature

Eastern Panhandle Instructional Cooperative (EPIC)

EPIC is an equal opportunity employer, and applicants for employment are considered solely on the basis of individual qualification and merit without regard to age, gender, race, color, religion, disability, national origin or protected class.



**AUTHORIZATION and RELEASE for
PROTECTIVE SERVICES RECORD CHECK
Early Childcare and Education**

Bureau for Social Services
350 Capitol Street, B-18
Charleston, WV 25301

Please complete the following and sign below. The form must be legible, and all fields must be filled out COMPLETELY.
Return form to the highlighted address above.

Name (Print your full name. Do not use initials): _____
(First Name) (Middle Name) (Last Name)

Birth Date: _____ Social Security Number: _____

Current Home Address (Give location address, as well as P.O. Box address and County):

If you have not lived at your current address for 5 years, please list the address(es) for your location(s) in the last 5 years: _____

List maiden name (s), and all aliases. Or names known by (Print your full name. Do not use initials):

Agency Name: EPIC Attn: Kendra Brooks
(who needs to receive verification of the protective service check)

Agency Address: 109 South College Street Martinsburg, WV 25401

Agency Phone Number: 304-267-3528

Agency Type:
 Child Care/Head Start
 Residential Facility Staff
 Other (home health, homemaker services, etc.)

You are completing this form because you are a (check which applies):
 Volunteer Employee Owner/Director
 Household Member of an Adult or Child Care setting

CERTIFICATION:

I certify that have not committed any act of child or adult abuse or neglect, as determined by a civil or criminal proceeding or through an investigation by the WV Department of Health and Human Resources or through any like agency of any other state or country, or that I am currently being investigated for such except as stated below:

AUTHORIZATION:

I authorize the WV Department of Health and Human Resources to conduct a background check on me which includes a search of Child Protective Services records, Adult Protective Services records, and Institutional Investigation Unit records maintained by the Department. I authorize the Department to inform the person or agency named on the front of this form of the results of the background check. **I understand that a positive history of maltreatment in any West Virginia Department of Health and Human Resources protective services record will affect my working in a child care, foster care, or adult care setting.** I release the WVDHHR and/or its agents in providing information pursuant to this authorization from any and all liabilities, claims or lawsuits.

(Signature) **(Date)**

DHHR OFFICE USE ONLY

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_____ **No record of substantiated maltreatment was found**

_____ **Records indicate that maltreatment occurred by the individual**

IF THIS CLIENT HAS ANY QUESTIONS OR NEEDS TO OBTAIN INVESTIGATION RECORDS, THEY MUST CONTACT THE FOLLOWING COUNTY:

COUNTY: _____

INTAKE#: _____

(DHHR Stamp or Initials of Authorized Individual) **(Date)**