



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:

- [Use this link to upload your application to our secure portal.](#)
- Faxed to 304-267-3599 Attention: Human Resources
- 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, Hannah Beddow, or me at any time. Our contact information can be found below.

Best wishes,

Terri Hickerson
EPIC Human Resources Director
304-596-2663 Direct Line
terri.hickerson@wvesc.org

Hannah Beddow
EPIC Head Start Program Coordinator
304-267-3528 Direct Line
hannah.beddow@wvesc.org

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?
		Name and Address of Institution	Major	Minor	Dates	Degree
	College(s) Attended					
	(Attach additional pages if needed)					
	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 MO	YR	To MO	YR	Employer / Address	Kind of Work	Reason for Leaving

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