



University United Methodist Child Development Center

2416 W Berry St
Fort Worth, Texas 76110
817- 926 - 8706
www.uumcfw.com/cdc

Employment Application

We consider applicants for all positions without regards to race, color, religion, sex, national origin, age, disability, or any other legally protected status pursuant to the **Texas Employment Discrimination Law**, and other relevant federal, state and local laws.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary/Hourly Rate: \$ _____

Position Applied for: _____

Work Availability: Full Time Part Time Split Shift Substitute

Have you ever submitted an application for employment with us before? YES NO
 If yes, when? _____, 20____

Have you ever been employed by us before? YES NO

Are you a citizen of the United States? YES NO YES NO
 If no, are you authorized to work in the U.S.?

Are you over the age of 18? YES NO

Are you willing submit to a background check? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Skills and Qualifications

Please list any Licenses, Skills, Training, or Awards: _____

References

Please list two professional references and one personal reference.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your current/previous employer? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer? YES NO

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.*

Signature: _____ Date: _____