

Preston Hollow United Methodist Child Development Center

6315 Walnut Hill Lane

Dallas, Texas 75230

214-369-4630

Your interest in Preston Hollow United Methodist Child Development Center is appreciated. We invite you to fill out this application and return it to the CDC office. When an opening occurs , your application will be thoroughly reviewed, and we will arrange for a personal interview.

We look forward to receiving your application.

Date: _____

Personal Information:

Full Name _____

Address _____

Street

City

State

Zip

Phone: Home (____) _____ Cell(____) _____

Email Address _____

Are you 18 years old or older? Yes _____ No _____

Position:

For what position are you applying? _____

Why would you like to be a part of the CDC staff? _____

What do you feel most qualifies you for this position? _____

When could you begin work? _____ Desired Salary _____

Professional Qualification/Education:

Highest level of schooling _____

High School _____ Graduate Yes _____ No _____

College/University _____

City _____ State _____ Years Completed 1 2 3 4

Degree _____ Major _____

Date of Graduation: Month _____ Year _____

Was your major in any way related to Early Childhood Education? Yes _____ No _____

Certification Title _____ Other training _____

Please list any professional organizations to which you belong _____

Continuing Education

Are you certified in Children's CPR and First Aid training? Yes _____ No _____

Are you willing to take First Aid with Rescue Breathing and CPR for Infants and Children?

Yes _____ No _____

Employment History

Please start with your current or most recent employer.

Name of Employer	Date	Position	Reason for Leaving
1. _____			
2. _____			
3. _____			

Experience with Children

Years of teaching experience _____

Have you ever worked in a program that was Licensed by Texas Department of Protective and Regulatory Services? Yes _____ No _____ If yes, name of program:

What age groups have you worked with? _____

Experience working in Child Development Center, Preschool, or non-licensed child care facility?

Yes _____ No _____

If yes, name of program: _____

References: List below 2 professional references and 2 personal references that are not related to you, whom you have known at least one year. *** All references will be checked.**

Name	Address/Zip	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Authorization

I authorize investigation on all statements contained in this application. I have never been convicted of a crime or felony, including a deferred adjudication. I understand that misrepresentation of information requested is cause for dismissal.

Applicant's Signature _____ Date _____

Social Security Number _____

**** Please note we do a criminal background check on all applicants.**