



Denton City County Day School  
- est. 1952 -

1603 Paisley St., Denton, TX 76209  
Phone: (940) 382-6485  
email: [dccds@verizon.net](mailto:dccds@verizon.net) website: dccds.org

## Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the American's with Disabilities Act, applicants may request accommodations needed to participate in the application process.

We are a state licensed facility. You must be 18 years of age and a high school graduate or have your GED to work here. You will be asked to provide us with a copy of your High School or College diploma or GED certificate upon employment.

Please complete all questions. Incomplete applications may be rejected. Please print.

### PERSONAL INFORMATION

Date of application \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Present Address \_\_\_\_\_

Street Address

City

State

Zip Code

Permanent Address \_\_\_\_\_

Street Address

City

State

Zip Code

Phone Number (\_\_\_\_) \_\_\_\_\_  
Area code

Cell Phone (\_\_\_\_) \_\_\_\_\_  
Area code

Are you a citizen of the U.S.?      Yes    No  
     

If no, are you authorized to work in the U.S.? \_\_\_\_\_

Are you 18 years of age or older?         

Have you every work for DCCDS?         

If so, when? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes

No    If yes, explain: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position desired \_\_\_\_\_

Full time

Part time

Available Schedule: \_\_\_\_\_

Date you can start \_\_\_\_\_

Salary/Hourly Wage Desired \_\_\_\_\_

Are you employed now?       Yes

No



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## EDUCATIONAL BACKGROUND

	Name and location of School	Last Year Completed	Did you Graduate?	Subjects studies/ Degree(s) Received
<b>High School or GED</b>			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
<b>College</b>		1 2 3 4	<input type="checkbox"/> Yes	
		1 2 3 4	<input type="checkbox"/> No	
<b>College</b>		1 2 3 4	<input type="checkbox"/> Yes	
		1 2 3 4	<input type="checkbox"/> No	
<b>Trade/Business/ Correspondence School</b>		1 2 3 4	<input type="checkbox"/> Yes	
		1 2 3 4	<input type="checkbox"/> No	

Do you have your CDA certification? \_\_\_\_\_ When did you receive it? \_\_\_\_\_

Do you have current First Aid certification? \_\_\_\_\_ Do you have current Child CPR Certification? \_\_\_\_\_

Do you have a current Food Handlers card? \_\_\_\_\_

List any professional licenses, certifications or credentials you hold.

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

(Beginning with most recent employer)

Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No



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

Reason for leaving: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

May we contact this employer for a reference? Yes No

Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Reason for leaving: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

May we contact this employer for a reference? Yes No

**PERSONAL REFERENCES**

List below three persons not related to you, whom you have known at least one year.

Name	Address	Phone With area code	Position	Years Aquainted

