

Wesleyan Christian Academy
A Ministry of First United Methodist Church
4405 Main Street
Rowlett, Texas 75088
972.412.2820



Application for Employment
Please Print

Name _____
Last First Middle

Address _____
Number Street City State Zip

Social Security Number ____ - ____ - ____ Date of Birth _____

Driver's License Number _____ State _____ Expiration Date _____

Phone _____ Email _____
Home Cell

Position Applying For: ___ Asst. Teacher ___ Lead Teacher ___ Specials ___ Admin

If applying for Specials, which are you interested in: Music/ Chapel/ PE/ Tech/
Spanish/Art

Days per Week Available ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___
Extended Day (1:30-5:30) ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Education Information

High School Graduate _____ Date _____ GED _____ Date _____
Yes or No Yes or No

College/University Attended _____

Course of Study _____

Degree Earned _____ 2 Year _____ 4 Year _____ Masters _____

Valid Teaching Certificate _____ Elementary _____ Secondary _____
State

Are you CPR & First Aid Certified? Yes No Expiration _____

Have you been fingerprinted by a previous child care employer or an independent school district? Yes No

Professional References

List the last three places you have been employed, beginning with the most recent.

Employer _____
Phone Number _____
Supervisor _____
Dates of Employment _____
Position _____

Employer _____
Phone Number _____
Supervisor _____
Dates of Employment _____
Position _____

Employer _____
Phone Number _____
Supervisor _____
Dates of Employment _____
Position _____

Please list three personal references other than relatives.

Name _____
Phone Number _____
Relationship _____
Length of Association _____

Name _____
Phone Number _____
Relationship _____
Length of Association _____

Name _____
Phone Number _____
Relationship _____
Length of Association _____

Do you consent to WCA contacting your previous employers or your personal references at this time? Yes No

If not, explain: _____

Experience & Philosophies

List or describe previous experience working/volunteering with preschool age children.

Please write a brief description of your philosophies and practices in regards to early child development and the learning environment.

It is required by Texas State Law that a criminal background check be completed on every employee prior to working with children. Do you consent to WCA completing a criminal background check on you at this time? Yes No

All of the information provided is complete and accurate to the best of your knowledge.

Signature _____ Date _____

Individual's Identifying Information

Initial Renewal Fingerprint Check Required FBI Results in DPS Clearinghouse

| | | |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results.

| | | |
|-------------------|--------------------|------------------|
| Other First Names | Other Middle Names | Other Last Names |
|-------------------|--------------------|------------------|

Address (Street, City, State, ZIP Code)

| | | | |
|--------|-----------------------------|---------------|--|
| County | Area Code and Telephone No. | Date of Birth | Gender: <input type="radio"/> Male <input type="radio"/> Female |
|--------|-----------------------------|---------------|--|

List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years.

| | |
|--|--|
| Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic | Race <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native |
|--|--|

| | |
|---------------------|---|
| Social Security No. | Photo ID Type: <input type="checkbox"/> Driver License: No. _____ State _____ <input type="checkbox"/> Canadian SIN: _____ <input type="checkbox"/> State ID: _____ <input type="checkbox"/> Military ID: _____ <input type="checkbox"/> Passport: _____ <input type="checkbox"/> Permanent Resident Card: _____ |
|---------------------|---|

Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment:

Email _____ Area Code and Telephone No. _____

Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:

Adoptive Parent Contracted Service Provider Director Foster Parent Foster/Adoptive Parent
 Household Member Frequent/Regular Visitor Licensed Administrator Owner/Permit Holder
 Staff/Employee Unverified Respite Provider Volunteer

Job Duties/Title:

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

Relative Fictive Kin Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?..... Yes No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

0 – 17 months 18 months – 2 years 3 years – 4 years 5 years – 13 years 14 years – 17 years
 Over 17 years N/A