

Substitute Teacher Application

Date: _____

NAME: _____ BIRTHDAY _____ / _____
(FIRST) (LAST) MONTH/DAY

PHONE: (HOME) _____ (CELL) _____

ADDRESS: _____
(NUMBER AND STREET) (CITY) (STATE) (ZIP)

E- MAIL ADDRESS: _____ CHURCH MEMBERSHIP: _____

Upon completion, submit the application to info@promisestl.org.

RECORD OF TRAINING

NAME OF SCHOOL ATTENDED		How Long Did You Attend?	Degree Received
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			

RECORD OF EXPERIENCE

NAMES OF SCHOOLS IN WHICH YOU HAVE TAUGHT	Was This an Independent School?	GRADES OR COURSES TAUGHT	From	To	Number of Years in School

Please answer these questions in the space provided:

1. Give a brief testimony of your faith. Include who Jesus Christ is and what part He plays in your life.

2. Why do you desire to be a substitute teacher at Promise Christian Academy?

I hereby acknowledge that the above information is accurate. I understand that if any of the information is false it will be grounds, if hired, for dismissal.

Signature

Date