

SUBSTITUTE TEACHER APPLICATION

FRANKLIN ROAD CHRISTIAN SCHOOL
40800 WEST THIRTEEN MILE ROAD, NOVI, MICHIGAN 48377 PHONE (248) 668-7100 FAX (248) 668-7101

GENERAL INFORMATION

PLEASE TYPE OR PRINT NEATLY IN INK

Last Name	First Name	Middle Name	Date	Application Checklist <input type="checkbox"/> All application questions completed <input type="checkbox"/> Pastoral letter of reference attached <input type="checkbox"/> Additional reference attached <input type="checkbox"/> Transcripts attached <input type="checkbox"/> Certification attached, if applicable
Address		City	Zip Code	
Telephone/home: ()	Social Security Number		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone/business:	Birthdate	Place of Birth		
Ethnicity (voluntary and confidential; for reporting obligations): <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other ()				
Applying for which position:				
Are you a U. S. citizen or otherwise authorized to work in the US?				

EDUCATIONAL HISTORY

Last School Attended	Degree Completed	Dates Attended	Major/Minor	Semester Hours
Address		Phone		
City	State	Zip Code		
Previous School	State	Dates		
Previous School	State	Dates		
Accumulative Grade Point Average: B. A. _____ M. A. _____ Other _____ Major subject GPA _____				

WORK HISTORY

Have you ever been convicted of a crime, or are there felony charges pending against you? If yes, please explain. <input type="checkbox"/> yes <input type="checkbox"/> no
Are you a veteran? If so, please list rank and type of discharge.
Have you ever taught Sunday School? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you been dismissed from a teaching position? If yes, please explain. <input type="checkbox"/> yes <input type="checkbox"/> no

PROFESSIONAL AND PERSONAL REFERENCES (PLEASE PROVIDE TWO PROFESSIONAL AND ONE PERSONAL)

Name:		Relationship to you:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Address	
Position	Place of Employment	Phone: ()
Name:		Relationship to you:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Address	
Position	Place of Employment	Phone: ()
Name:		Relationship to you:
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Address	
Position	Place of Employment	Phone: ()

CERTIFICATION (A copy of your certificate must be submitted with your application.)

Type of Certificate:	Date issued:	Certificate Number:
State issued by:	Areas of certification:	
Grades or subjects you desire to teach, listed in order of preference: K-3 _____ 4-5 _____ 6-8 _____ 9-12 _____ Specific subjects you would like: _____		
Availability: Advance notice only: Emergencies: Days and Times:		
Special Skills and Interests:	Under what name is certificate recorded?	

WORK EXPERIENCE (including teaching)

From	To	Employer & Location	Type of work and/or position	Years

CHRISTIAN SCHOOL AND SPIRITUAL PREPARATION

State briefly your relationship with God		
Name of the church you attend	Address	Member
Phone Number	Pastor	
What is your individual practice with regard to alcoholic beverages, tobacco and matters of recreation and entertainment?		
Please comment on your perspective on discipline and management of the classroom as a substitute:		

DISCLOSURE:

Information contained in reports obtained by the school in accordance with the authorization in Section III, may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that the School completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the Senior Pastor within a reasonable period of time after your application for employment is received.

I have read the above statement and understand it.

SIGNATURE _____ DATE _____

I certify that the information in this application is complete and correct to the best of my knowledge and understand that any falsification, misrepresentation, or omission of information is grounds for a rejection of the Application or dismissal from any employment if I am hired.

SIGNATURE _____ DATE _____

If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the Senior Pastor in writing within 182 days after the need is known.

SIGNATURE _____ DATE _____