

# COMMUNITY CHRISTIAN SCHOOL

2406 9 1/2 AVENUE SOUTH - FORT DODGE, IOWA 50501 - PHONE: (515) 573-3011

## SUBSTITUTE TEACHER APPLICATION FORM

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

### SCHOOLS ATTENDED

	Name of School	Dates	Diploma or Degree
College			
College			
Graduate or other			

### WORK EXPERIENCE (other than teaching - most recent only)

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

### TEACHER CERTIFICATION

Type (class) and Folder Number of Certificate: \_\_\_\_\_

State(s) of: \_\_\_\_\_

### TEACHING EXPERIENCE (Most recent first)

School	Dates	Grades	Supervision	Phone

What grade levels are you prepared to substitute?

---

List briefly your experience with children other than teaching.

---

---

---

---

---

---

---

**SPIRITUAL LIFE**

What does it mean to be a Christian and how did you become one?

---

---

---

---

Denomination preference?

Church you currently attend?

Member?

Pastor's Name:

Phone:

**REFERENCE**

Please list one person (non-relative) other than your current pastor who would be able to give an accurate evaluation of your Christian character.

Name:

Phone:

Address:

---

---

