MOUNT PARAN CHRISTIAN SCHOOL

APPLICATION FOR SUBSTITUTE TEACHERS

Date of Application: _____ *(application will remain active for one year from this date)*

Name: (❒ Mr. ❒ Mrs. ❒ Ms ❒ Dr.) _____
last *first* *middle* *maiden*

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (evening) _____

Date available for employment: ____/____/____ E-mail: _____

Type of Certificate *(not required)*: _____ State in which issued: _____

Do you now have, or have you had, a student attending MPCS? ❒ yes ❒ no
If yes, please list names and grade level of attendance: _____

What grade levels would you be willing to teach:

❒ preschool ❒ elementary school (K-5) ❒ middle school (6-8) ❒ high school (9-12)

What experience do you have or jobs have you held that would prepare you to substitute teach: _____

Briefly define your behavior management strategy: _____

Subjects with which you are most comfortable:	Subjects with which you are NOT comfortable:
_____	_____
_____	_____
_____	_____
_____	_____

Are you willing (on rare occasion) to work a half-day? ❒ yes ❒ no

Briefly describe your personal relationship with Jesus Christ: _____

References (must include your pastor):

Name:	Phone:	Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____