



Substitute Teacher Application

ACTSchools, Inc.
P.O. Box 405
Greenville, KY 42345

A Christian School's success is dependent upon its exceptional staff. We are grateful for those who are professionally qualified, who really love children, and who, by the pattern of their lives, exemplify Christ.

Applicant Information

Name: _____
Last First Middle

Date of Birth: _____ Social Security #: _____
month/day/year

Home Telephone: _____ Cell Number: _____

Work Telephone: _____ Email address: _____

Residential Address: _____
Street City State Zip

Mailing Address (if different): _____
PO Box City State Zip

Name/City of Church you attend: _____
Church City

Upon employment, can you show verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a felony which has not been dismissed or sealed by a court? Yes No

What days are you available to substitute teach? ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri

Educational Background

Please attach photocopies of all college transcripts.

COLLEGE/UNIVERSITY	DEGREE	DATE RECEIVED
1.		
MAJOR AND MINOR:		
2.		
MAJOR AND MINOR:		

Please list any hobbies and personal interests: _____

Professional Experience
Please list your most recent experience first.

NAME OF SCHOOL/BUSINESS	ADDRESS AND PHONE NUMBER	POSITION HELD
1.		
Immediate Supervisor:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of Employment: _____ to _____		
2.		
Immediate Supervisor:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of Employment: _____ to _____		
3.		
Immediate Supervisor:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of Employment: _____ to _____		

Please list any professional licenses or certifications you hold: _____

References
Please submit names of persons to whom you are not related.
You will need to sign the Reference Release Form that is attached and submit it with this application.

Give two references who are qualified to speak on your *spiritual experience and Christian service*. List your current pastor first.

NAME AND ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
1.			
2.			

Give two references who are qualified to speak on your *professional training and experience*. List your current or most recent supervisor first.

NAME AND ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
1.			
2.			

Briefly write your Christian testimony. _____

Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, conduct, and truth? Yes No

Please read our attached Statement of Faith and indicate below your degree of support.

_____ I fully support the Statement of Faith as written with no mental reservations.

_____ I support the Statement of Faith except the area(s) listed and explained below. The exceptions represent either disagreement or items for which I have not yet formed an opinion or conviction.

Signature Statement

“I assure that all information provided in the application is accurate and truthful.”

Printed Name: _____

Signature: _____

Date: _____

AUTHORIZATION TO RELEASE REFERENCE INFORMATION

I have applied for a position with ACTSchools, Inc. Christian Academy, a non-denominational Christian school in Greenville, KY. I authorize ACTSchools, Inc. to inquire about my work and personal history and to verify all data given in my application for employment, related papers, and my oral interview.

I authorize the release and giving any information requested by ACTSchools, Inc. such as employment records, performance reviews, and personal references whether such information is favorable or unfavorable to me.

I release any person, organization, or company from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I further waive the right to ever personally view any references given to ACTSchools, Inc.

I further certify that I have carefully read and do understand the above statements.

Applicant's Printed Name

Applicant's Signature

Applicant's Social Security Number

Date