

# **SUBSTITUTE TEACHER APPLICATION FORM**

## **CINCINNATI CHRISTIAN SCHOOLS, INC.**

7474 Morris Road  
Indian Springs, Ohio 45011  
(513) 892-8500 fax: (513) 892-0516  
Website: [www.cincinnatichristian.org](http://www.cincinnatichristian.org)

***Please type or print using ink and return to:***

Mrs. Donna Hempelmann, Elementary Principal at [dhempelmann@cincinnatichristian.org](mailto:dhempelmann@cincinnatichristian.org)  
Mr. Dan Bragg, Superintendent at [dbragg@cincinnatichristian.org](mailto:dbragg@cincinnatichristian.org)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Permanent Phone (Parents, etc.) \_\_\_\_\_ Social Security Number \_\_\_\_\_

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***POSITION DESIRED:***

Elementary     Middle School     Senior High    Specific Grade \_\_\_\_\_  
 Full Time     Part time     Substitute    Subject \_\_\_\_\_

Earliest date available for employment \_\_\_\_\_

***PERSONAL INFORMATION:***

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Marital Status:  Single     Married     Widowed     Separated     Divorced     Remarried

Spouse's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Children's Names \_\_\_\_\_ Ages \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Ages \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Ages \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Ages \_\_\_\_\_ Grade \_\_\_\_\_

General Health (short description) \_\_\_\_\_

Physical Disabilities \_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***SPIRITUAL BACKGROUND INFORMATION***

State briefly your personal relationship to Jesus Christ. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you had assurance of your salvation? \_\_\_\_\_

Denominational preference? \_\_\_\_\_ Active Member? \_\_\_\_\_

Church presently attending \_\_\_\_\_ Pastor's Name \_\_\_\_\_

***EDUCATIONAL INFORMATION***

	Name	Location	Dates Attended	Grad. Date	Degree	Major/Minor
High School						
College						
College						

***TEACHING EXPERIENCE***

Dates	Name of School	Location	Position	Grade or Subject

Student Teaching (if in last three years): Position \_\_\_\_\_ Location \_\_\_\_\_

Total years of full-time teaching \_\_\_\_\_ Have you ever failed to be rehired? \_\_\_\_\_

If so, Where? \_\_\_\_\_ When? \_\_\_\_\_

For what reason? \_\_\_\_\_

\_\_\_\_\_

***CERTIFICATION***

NOTE: Please do not submit teaching certificate with this application.

State	Date Issued	Date Expires	Type or Number	Subject/Grades

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_