

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

Please type or print using ink and return to:

Mrs. Donna Hempelmann, Elementary Principal at dhempelmann@cincinnatichristian.org

Mrs. Debbie Enos, Principal at denos@cincinnatichristian.org

Name _____ Phone _____

Present Address _____ City _____ State ____ Zip _____

Permanent Address _____ City _____ State ____ Zip _____

Permanent Phone (Parents, etc.) _____ Social Security Number _____

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: _____