

Substitute Teacher Application

Name:	Date of Birth:
Address:	
Phone:	Social Security Number:
Dates and Times Available:	
Please List Two References:	
Prione:	
Education—Please list school name, year co	mpleted, and Diploma/Degree
High School-	
Jndergraduate	
College	
Employment History:	
1.Employer:	Position:
Dates of Employment:	Reason for Leaving:
2.Employer:	Position:
Dates of Employment:	Reason for Leaving:
Why do you wish to substitute at Valley Chris	stian Academy?
Substitutes will undergo a background check prio	r to beginning work in the school.
Substitutes should familiarize themselves with th ous offenses. Substitutes teachers may not admir	ne school handbook, and consult the principal before administering disciplinary consequences for any seri- nister corporal punishment.
Substitutes must respect a student's right to con-	fidentiality.
By signing this application, I agree to all the policies set decline, or discontinue the service of any substitute.	t forth by Valley Christian Academy and understand that Valley Christian Academy has the right to accept,

Date

Signature