

NORTHERN VIRGINIA CHRISTIAN ACADEMY

SUBSTITUTE TEACHER APPLICATION

Personal Data

Full Name _____ SSN _____

Address _____ DOB _____

City _____ State _____ Zip _____

Phone _____

Educational History

State degree(s)/diploma and university(s)/school(s) from which obtained and year of graduation.

Work Experience

List places of employment related to education, number of years employed including substitution experience. List grades and courses taught.

Certification/State _____

References

Include name, address, phone number, and relationship to you.

SUBSTITUTE TEACHER SIGN-UP

Name: _____ Phone: _____

I would be willing to have the school call me to substitute teach during the current academic year given the stipulations I have noted below.

1. Grades willing to sub for: (please check appropriate grades / subject areas)

Elementary	Secondary
<input type="checkbox"/> Kindergarten <input type="checkbox"/> 4 th Grade <input type="checkbox"/> Music <input type="checkbox"/> 1 st Grade <input type="checkbox"/> 5 th Grade <input type="checkbox"/> Art <input type="checkbox"/> 2 nd Grade <input type="checkbox"/> 6 th Grade <input type="checkbox"/> 3 rd Grade	<input type="checkbox"/> English <input type="checkbox"/> Math <input type="checkbox"/> History <input type="checkbox"/> Literature <input type="checkbox"/> Science <input type="checkbox"/> Bible <input type="checkbox"/> Spanish <input type="checkbox"/> Art <input type="checkbox"/> Music

2. Days most available: (please check appropriate days)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

3. Times most available: (please check appropriate times)

AM PM ALL DAY

4. More specific times? _____

Please sign below indicating that once you receive the substitute information material you will read it and comply with the basic conduct and procedures we expect from all our teachers.

Signature: _____ Date: _____