

Date _____



O K L A H O M A C H R I S T I A N

ACADEMY

APPLICATION FOR SUBSTITUTE TEACHING

(Full Name)

Sex: _____

(Current Address) (City) (State) (Zip)

(Home Phone) (Work Phone) (Cell Phone) (E-mail Address)

Marital Status: _____ *If Married, Name of Spouse:* _____

Names/Ages of Any Children: _____

Church Membership: _____ *Home Congregation:* _____

What is the highest level of education completed? _____

Present Employer _____

Address _____ *Phone* _____

How long have you been employed by this company? _____

Immediate Supervisor's Name _____

May OCA contact your supervisor for a reference in regards to work ethics? _____

Have you ever been dismissed from a job? If so, why? _____

Have you ever been arrested, indicted, or convicted of a felony? Violation _____

Person to contact in case of emergency _____ *Phone* _____

Do you oppose a personal background check if deemed appropriate by the OCA Superintendent? _____

Other experience that would qualify you for a substitute teaching position: _____

Briefly tell us why you wish to substitute teach at Oklahoma Christian Academy:

(Continued)

References

Oklahoma Christian Academy is a church of Christ affiliate. We are accredited through the National Christian School Association (NCSA), the North Central Association (NCA), and the Oklahoma Private School Accreditation Commission (OPSAC). We are looking for qualified employees who are dedicated Christians to be examples for our students. Our instructors/ staff members must consistently and actively support, both in their job assignments and in their personal life, the academic and religious policies and assignments of the Board of Directors and Administration.

Give four references who can supply information regarding your character and abilities.

- 1. Minister: _____ Phone #: _____
 Congregation/City/State: _____
- 2. Elder of Home Congregation: _____ Phone #: _____
 Congregation/City/State: _____
- 3. Former Professor or Employer: _____ Phone #: _____
 School/Address: _____
- 4. Business Associate: _____ Phone #: _____
 Address: _____

What grade levels are you interested in subbing for. Check each area that applies—

____ Elementary (PreK-5th) ____ Middle School (6th-8th) ____ High School (9th-12th)

Days & Hours Available— _____

Signature