

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-5<sup>th</sup>)      \_\_\_\_ Middle School (6<sup>th</sup>-8<sup>th</sup>)      \_\_\_\_ High School (9<sup>th</sup>-12<sup>th</sup>)

Days & Hours Available— \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**