



CHRISTIAN ACADEMY OF WESTERN NEW YORK

SUBSTITUTE TEACHER APPLICATION

Date: _____

Area or subject for which you are applying: _____

Please use numbers to indicate your order of preference by grade and subject.

___ Pre-K / Kindergarten

___ Grades 1 to 3

___ Grade 4 to 5

___ Middle School (6th – 8th)

___ High School (9th – 12th)

___ Gym Class

___ Math

___ Ele

___ Science

___ MS/HS

___ History

___ English

___ Bible

Any further preferences you would like to indicate: _____

Please list the days and times you will be available for subbing. _____

Please list the days and times you will NOT be available for subbing: _____

What co-curricular activities can you sponsor or help with? _____

What sports can you coach or assist with? _____

Can you play a musical instrument? _____ If yes, please elaborate: _____

Can you teach vocal music? _____

Do you speak a foreign language? _____

Where you trained for another professional or occupation before entering teaching? If yes, please explain.

Full Name: _____ Social Security Number: _____

Address: _____ Telephone Number: _____

How long have you been at this address? ____ Do you have the legal right to work in the United States? ____

Has anyone ever brought or discussed bringing a civil or criminal claim against you alleging physical or sexual abuse? _____

If your application is considered favorably, on what date will you be available for work? _____

What prompted you to seek employment at the Christian Academy of Western New York? _____

Briefly describe why you feel you could be an asset to CAWNY? _____

What do you consider to be the single most important event in your life? _____

What do you consider to be the second most important event in your life? _____

Education

High School: _____ Year of Graduation: _____

College or Technical Training:

1. Degree Held: _____ Year of Graduation: _____

School Name and Address: _____

Majors and Number of Hours: _____

Minors and Number of Hours: _____

2. Degree Held: _____ Year of Graduation: _____

School Name and Address: _____

Majors and Number of Hours: _____

Minors and Number of Hours: _____

Licensures/Certifications

Do you hold or anticipate a New York State teaching certificate? _____ If "yes," please complete:

Type	Certificate Number	Expiration Date	Status

Please list any other endorsements and/or verifications on your Certificate(s): _____

Do you hold a current out-of-state certificate or any other certifications/endorsements such as from the Association of Christian Schools International (ACSI), the Association of Classical Christian Schools (ACCS), or Christian Teacher Training Association (CTTA)? _____, If "yes," please complete:

State/Organization	Type	Certificate Number	Expiration Date	Current?

Work Preference

What type of work do you prefer? _____

What would be your second choice? _____

Please list any other job skills which you possess: _____

Current Work Experience

If presently employed, may we contact your employer? _____

Current employer email: _____ Current employer phone: _____

Other Work Experience

List all employers you have had during the last five years, starting with present or most recent employer:

1. Name: _____ Supervisor: _____

Address: _____ City: _____ State/Zip: _____

Position: _____ Email: _____ Phone Number: _____

If a teaching position, list subjects taught: _____

Employed from: _____ to _____ Reason for leaving: _____

2. Name: _____ Supervisor: _____

Address: _____ City: _____ State/Zip: _____

Position: _____ Email: _____ Phone Number: _____

If a teaching position, list subjects taught: _____

Employed from: ____ to ____ Reason for leaving: _____

3. Name: _____ Supervisor: _____

Address: _____ City: _____ State/Zip: _____

Position: _____ Email: _____ Phone Number: _____

If a teaching position, list subjects taught: _____

Employed from: ____ to ____ Reason for leaving: _____

Teaching Experience

Public/Private Schools Experience

1. School Name: _____

Name of Principal: _____ Phone Number of Principal: _____

School Address: _____

Grade Taught: _____ Subject Taught: _____

From: _____ to: _____ for a total of _____ years.

2. School Name: _____

Name of Principal: _____ Phone Number of Principal: _____

School Address: _____

Grade Taught: _____ Subject Taught: _____

From: _____ to: _____ for a total of _____ years.

3. School Name: _____

Name of Principal: _____ Phone Number of Principal: _____

School Address: _____

Grade Taught: _____ Subject Taught: _____

From: _____ to: _____ for a total of _____ years.

Other school systems you have applied for as a substitute teacher? List schools, buildings and grades

State briefly your philosophy of Christian education: _____

References

Church currently attending: _____ Pastor's Name: _____

Address of church: _____ Phone Number: _____

List below three people who are well acquainted with you, not including relatives, former teachers or employers:

1. Name: _____ Phone Number: _____

Address: _____

2. Name: _____ Phone Number: _____

Address: _____

3. Name: _____ Phone Number: _____

Address: _____

The facts set forth on all four pages of my application are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the Academy in any way if the Academy decides to employ me. I understand that my employment is on an at-will basis.

I authorize you to make such investigations and inquiries into my personal, employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or people from all liability in responding to inquiries in connection with my application.

Signature: _____ Date: _____