

*CHAPELGATE CHRISTIAN ACADEMY*

*2600 Marriottsville Road  
Marriottsville, Maryland 21104*

Phone Number: 410-442-5888

**SUBSTITUTE TEACHER APPLICATION**

**I. Personal Information**

A. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Email Address \_\_\_\_\_

Date Available \_\_\_\_\_

**II. Education Data**

A. High School (name, location, date of diploma)

\_\_\_\_\_  
\_\_\_\_\_

B. Undergraduate (college or university, location, date of graduation)

\_\_\_\_\_  
\_\_\_\_\_

**III. Professional Information and Availability**

A. What subject areas do you feel qualified to teach?

B. What age group do you feel qualified to work with?

C. Which days during the week can you substitute?

\_\_\_\_ Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thurs. \_\_\_\_ Fri.

Are you available all day on the days indicated above?

IV. Personal Reference Data

Please give the names, addresses, telephone numbers, and occupation of at least three personal references. Two of these references should be professional.

Name	Mailing Address	Telephone	Occupation
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

V. Questions for Personal Response (Please prepare on a separate sheet.)

A. Give a concise but adequate statement of your personal faith in Jesus Christ.

B. Why do you feel led to be a substitute teacher at CCA?

VI. Church Membership

Currently a member of \_\_\_\_\_ How long? \_\_\_\_\_

If less than three years, list previous church memberships.

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature