

CORNERSTONE UMC PRESCHOOL

SUBSTITUTE APPLICATION

SUBSTITUTE APPLICATION
QUESTIONNAIRE

AN EQUAL
OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)				
PRESENT ADDRESS	APT.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT.	CITY	STATE	ZIP
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)	APT.	CITY	STATE	ZIP
HOME PHONE NUMBER	CELL PHONE NUMBER		BIRTHDATE	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			EMAIL ADDRESS	
NAME		EMERGENCY CONTACT PHONE		

SUBSTITUTE INTEREST

AGE LEVEL DESIRED	DAYS AVAILABLE
TIME WE MAY CALL YOU:	
FROM _____ A.M.	TO _____ P.M.
EVER APPLIED TO THIS SCHOOL BEFORE IN ANY CAPACITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHEN? _____	
EVER WORKED FOR THIS SCHOOL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHEN AND IN WHAT CAPACITY? _____	
EXPERIENCE WORKING WITH CHILDREN: (IN ANY CAPACITY)	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE/UNIVERSITY				

REFERENCES

LIST FOUR PERSONAL REFERENCES WHOM WE MAY CONTACT

	<i>NAME</i>	<i>ADDRESS</i>	<i>BUSINESS</i>	<i>PHONE NUMBER</i>
1				
2				
3				
4				

REFERENCE CHECK (FOR OFFICE USE ONLY)

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION?)

___ Yes ___ No

IF YES, PLEASE EXPLAIN

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND THAT, IF EMPLOYED AS A SUBSTITUTE, FALSIFIED STATEMENTS ON THIS APPLICATION MAY BE GROUNDS FOR DISMISSAL.

DATE _____

SIGNATURE _____