

SUBSTITUTE TEACHING APPLICATION

Your interest in Twin Tiers Christian Academy is appreciated. We invite you to fill out this application and return it to the address below to the attention of the **Head of School** when completed

				Date
A. PER	RSONAL INFO	<u>ORMATION</u>		
Full Name _			Male	Female
Present Add	ress			
Permanent A	Address			
Home Phone	e:			
Cell Phone:				
Email:				
	ing potential s		as we consider placements	However, it is helpful to know s.
Training	Degree	Date Received	Issuing Institution	
	Your Major	r(s)		
	Your Minor	r(c)		

Teaching Experience						
School	's Name	Address	Subjects or Grades	Dates		
Teaching Credentials	Do you posse	ess a current/valid to	eaching certificate?			
	Expiration da	teIssuir	ng Organization or State			
	Area(s) of ce	rtification				
C. CHRIS	STIAN BACK	KGROUND				
			that our employees have a testinch. Please complete the followin			
Salvation Experience	Briefly give	your testimony of sa	alvation.			
Statement of Faith	below your d	egree of support.	ent of Faith in the employee handb nt as written without mental reserv			
	•	• •	nt except for the area(s) listed and	•		
		-	represent either disagreements or in	tems for which I have		
	•	ed an opinion or con				
	•					

Church Life	Do you regularly attend church?					
	Where do you attend?					
	Pastor's name:					
D. STATE	EMENT OF INTEREST					
Please expla statements a	ain why it is that you are interested in serving at Twin Tiers Christian Academy. Include about your gifts or abilities that you believe will benefit students and the TTCA ministry.					

F. REFERENCES

Please list the names, phone numbers, and <u>complete addresses</u> of four people to be used for reference purposes. One of these should be your <u>pastor</u>. Do not use family members. Former employers are preferred.

1.

2.

3.

4.