



*Schofield Christian School
Substitute Application*

Date _____ 20____

Date Available: _____

Social Security Number _____

Name _____
(please print) Last First Middle

Maiden Name _____

Present Address

Street

City

State

Zip

Home Phone _____ Business Phone _____

Email Address _____

Name of Spouse _____

Name of person to be notified in case of emergency _____

Address _____

Phone _____

List any friends or relatives working for us:

Have you ever been convicted of a felony or misdemeanor?

Yes No

If "yes", give details.

PREVIOUS EMPLOYMENT RECORD

Please list any experience in the classroom.

Employer	Address	Position Held	From-To	Reason for Leaving
----------	---------	---------------	---------	--------------------

REFERENCES (List at least one for each of the following: character, professional experience, and pastoral).

Name	Address	Phone
------	---------	-------

EDUCATION (High school and up)

Dates of Attendance	Name of School	City
---------------------	----------------	------

State briefly your personal relationship with God:

Church you regularly attend:

Are you a member? _____

Do you agree with our philosophy and doctrinal statements? _____

How did you hear about SCS?

Signature _____

Date: _____

Name: _____