



TRADERS POINT CHRISTIAN ACADEMY

6600 South Indianapolis Road • Whitestown, IN 46075 • Phone: 317.769.2450 • Fax: 317.769.2456 • www.tpcs.org

APPLICATION FOR SUBSTITUTE TEACHER POSITION

(Please print or type; you may also include a vita sheet)

Date of application _____

Date available for employment _____

Check all/any Grades/Classes Preferred:

Early Childhood

Art

Computer

Kindergarten to Fourth Grade

Music

Spanish

Fifth Grade to Eighth Grade

Physical Education

Library

PERSONAL INFORMATION

Name _____

Present address _____

City _____ IN _____ ZIP _____

Phone: Days _____ Evenings _____

Cell phone _____ E-mail address _____

Current employment status _____

SPIRITUAL INFORMATION

When did you make your decision for Christ? _____

Church affiliation _____ Member? Yes No

How long? _____ Pastor's name _____ Phone _____

How often do you attend worship services? _____

How are you involved in the ministry of this church? _____

Are you familiar with spiritual gifts? If so, please list your gifts.

Do you believe the Bible to be the only inspired and infallible Word of God? Yes No

Describe your view of the Bible and the impact that study of the Bible has had on your life: _____

EDUCATIONAL & PROFESSIONAL EXPERIENCE

(Please attach a photocopy of all college transcripts, an Indiana Teacher's License, and/or a Substitute Teacher's License, if applicable.)

Educational Experience

Level	Name/Location of School	Major	Degree	Dates
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Secondary _____

College _____

Graduate _____

Other (include special training) _____

Number of continuing education units after undergraduate school _____

Cumulative Grade Point: Undergraduate _____ Graduate _____

Specialization: Early Childhood Kindergarten Elementary Secondary

Special Honors received during your schooling:

Certification (if applicable)

Type	Issued	Expires	State	Number
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Endorsements: _____

Teaching/Work Experience (Begin with most recent position.)

Grade/Subject	School/Organization	Principal/Supervisor	Dates

Total number of years of teaching experience: Public _____ Private _____

Have you ever been dismissed or asked to resign from any position? If yes, explain what happened:

PERSONAL PHILOSOPHY

On separate pages please label and succinctly answer each of the questions below in one or two paragraphs:

1. Write your personal Christian testimony.
2. Describe your style and approach to teaching in the classroom.
3. Describe your philosophy and practice of discipline.
4. Describe your strengths and weakness as a teacher.

REFERENCES

You must sign the attached *Reference Release Form* and return it with this application. Please do not list family members or relatives as references. There is a minimum of one reference per category, although more are preferred.

Name	Complete Address	Email Address Needed	Phone	Position/Relationship
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Professional (someone who has worked with you in teaching, including one supervisor):

1. _____
2. _____

Friend (someone who has known you for a number of years):

1. _____
2. _____



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APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that Traders Point Christian Academy is a Christian school whose purpose is to teach and practice Christian truth as found in the Scriptures in the context of the classroom.

I understand that Traders Point Christian Academy does not discriminate in its employment practices against any person because of gender, race, national or ethnic origin, or handicap. I further understand that any offer of employment is conditioned on the proof of legal authority to work in the United States.

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery of falsification of any statement or significant omission of fact during any phase of the hiring process may prevent me from being hired or, if hired, may subject me to immediate dismissal.

I understand that an investigative report including information concerning my character, employment history, general reputation, personal characteristics, policy record, education, qualifications, motor vehicle record, and/or mode of living may be obtained in connection with my application for and/or continued employment with Traders Point Christian Academy. Before adverse action is taken, based in whole or in part of the information contained in the consumer report, I will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of my rights under the Fair Credit Reporting act, as well as additional information on my rights under the law.

By signing below, I voluntarily authorize Traders Point Christian Academy to inquire about my personal history, to perform an investigative report, and to verify all data given in my application for employment, related papers and my oral interviews. I authorize the release and giving of any performance reviews and personal references. I release any person, organization or company from liability or damage which may result from furnishing the information requested, providing that it is done in good faith and without malice. I further waive the right to ever personally view any references given to Traders Point Christian Academy.

I further certify that I have carefully read and do understand the above statements along with the statements of mission, values and faith.

Applicant's Signature

Date of Signature



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AUTHORIZATION TO RELEASE REFERENCE & BACKGROUND CHECK INFORMATION

I have made application for a position with Traders Point Christian Academy. I authorize Traders Point Christian Academy to inquire about my personal history, to perform an investigative report, and to verify all data given in my application for employment, related papers and my oral interviews.

I authorize the release and giving of any information requested by Traders Point Christian Academy such as employment records, performance reviews and personal references whether such information is favorable or unfavorable to me.

I release any person, organization or company from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me, providing that it is done in good faith and without malice.

I further waive the right to ever personally view any references given to Traders Point Christian Academy.

I further certify that I have carefully read and do understand the above statements.

Applicant's Name (printed)

Applicant's Signature

Applicant's Social Security Number

Date of Birth (MM/DD/YYYY)

Current County of Residence ex. Boone, Hamilton, Hendricks

Date of Signature