



# METRO CHRISTIAN ACADEMY

## Substitute Teacher Application

DATE: \_\_\_\_\_

### Applicant Information

NAME: \_\_\_\_\_  
(Last) (First) (Middle Initial)

HOME ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

***Metro Christian Academy reserves the right to perform criminal background checks on all applicants.***

Are you a citizen of the United States?  Yes  No (If no, are you authorized to work in the U.S.?)

Have you ever been convicted of a felony?  No  Yes (If yes, please explain).

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

How did you hear about Metro? \_\_\_\_\_

Are you a Christian?  Name of church you attend \_\_\_\_\_

### Education

What is the highest level of education that you have completed? \_\_\_\_\_

Are you an Oklahoma Certified teacher?  No  Yes If yes, what area(s) \_\_\_\_\_

\_\_\_\_\_  
College: \_\_\_\_\_

What was your major? \_\_\_\_\_ Minor? \_\_\_\_\_

**Employment History and References**

Have you previously taught or substituted? \_\_\_ Yes \_\_\_ No

If yes, please list two schools where you have previously taught / substituted:

School: \_\_\_\_\_ Subject(s) taught? \_\_\_\_\_  
Dates: \_\_\_\_\_ Taught or Substituted: \_\_\_\_\_  
Professional Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Subject(s) taught? \_\_\_\_\_  
Dates: \_\_\_\_\_ Taught or Substituted: \_\_\_\_\_  
Professional Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

**Substitute Availability and Preferences**

What days are you available? (Please circle all that apply) M T W Th F

What time of day are you available? (Please circle) A.M. only P.M. only All Day

What grades are you willing to sub in? Pre-K \_\_\_\_\_ Elem. \_\_\_\_\_ MS \_\_\_\_\_ HS \_\_\_\_\_

Have you read and signed the MCA Substitute Teacher Handbook? \_\_\_ No \_\_\_ Yes

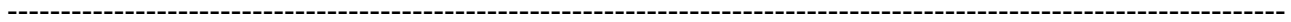
Please write any comments below that you feel would be helpful to us.

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

*Your signature indicates that all information listed on the application is true and acknowledges that you have read and understand the policies and expectations as specified in the MCA Substitute Teacher Handbook.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Do not write below this line – For office use only*



Secretary / Principal Notes: