



# APPLICATION FOR SUBSTITUTE POSITION – CLASSROOM (TEACHER) OR OFFICE

Please return to:  
Arlington Christian School  
4500 Ridge Road  
Fairburn, GA 30213  
770.964.9871

*(Please type or print in black ink)*

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Home) (Work) (Cell)

Email: \_\_\_\_\_ SSN: \_\_\_\_\_

College Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Certified to teach?  Yes  No In What state? \_\_\_\_\_

Grade/Age Level Preferred: \_\_\_\_\_ Days Available (circle) M T W T F Beginning Date: \_\_\_\_\_

Position(s) Requested: Classroom (Teaching) \_\_\_\_\_ Office \_\_\_\_\_ Both \_\_\_\_\_

Does your health limit physical activities necessary for teaching or for effective classroom communication?  
 Yes  No (If yes, please explain separately and attach to this application)

Have you ever been convicted of a felony or a misdemeanor other than a traffic offense?  
 Yes  No (If yes, please explain separately and attach to this application)

Church Affiliation \_\_\_\_\_

Congregation Name and Location \_\_\_\_\_

**Experience:**

| Dates | Place of Employment | Position Held |
|-------|---------------------|---------------|
|       |                     |               |
|       |                     |               |
|       |                     |               |

**References (Professional and Personal):**

1. \_\_\_\_\_  
Name Title Telephone: School Home

\_\_\_\_\_

Street City State Zip

2. \_\_\_\_\_  
Name Title Telephone: School Home

\_\_\_\_\_

Street City State Zip

3. \_\_\_\_\_  
Name Title Telephone: School Home

\_\_\_\_\_

Street City State Zip

**Equal Employment Opportunity Statement:**

Arlington Christian School does not discriminate against any employee on the basis of sex, race, national origin, age, height, weight, marital status, or handicap/disability unrelated to the employee's ability to perform his/her job.

Arlington Christian School contracts professional employees on a year to year basis only.

**Applicant Verification and Release Statement:**

I verify that the information given by me in this application is true, accurate and complete. I understand that if I have given any false information on this application or if I have omitted any material fact, I may be disqualified from employment with Arlington Christian School, or if hired, I may be discharged upon discovery of such false statement(s) or omission(s).

I further understand that my employment with Arlington Christian School is subject to a reference/background check. I hereby authorize Arlington Christian School to investigate the truthfulness of all statements made on this application and/or contact my former employer(s) and other listed reference(s) or any other person(s) who can verify any information submitted to Arlington Christian School in support of my application for employment. I hereby waive any right that I may have against any person contacted by Arlington Christian School, including former employers who provide information concerning this application and I release each said person from liability for providing information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date