



COLUMBUS

Christian Academy

6405 Military Rd. Steens, MS 39766 • Phone 662-328-7888 • Fax 662-328-7750

COLUMBUS CHRISTIAN ACADEMY Substitute Employment Application

Date _____

Name _____ Date of Birth _____

Email _____ Phone # _____

Address _____

Marital Status: S, M, D Number of Children (If applicable) _____ Ages: _____

Church Affiliation _____ Denomination _____

What grades are you interested in substituting? Elementary (K3-6th) _____ or Secondary(7th-9th) _____

Do you hold a professional educator's certificate? Yes _____ or No _____

If so: Valid in what state? _____ Date Granted? _____ Date Expires? _____

If you hold a current Mississippi Professional Educator's Certificate please include a copy of it and proof of background clearance from the Mississippi State Dept. of Education.

(The background check may be completed at the end of the interviewing process if you have not had one done.)

Education/Training

	Name of Institution	Dates (From/To)	Year Graduated	Degree & Major	GPA
High School:					
College/ University					
College/ University					
College/ University					
Other					

WORK EXPERIENCE

Beginning with the most recent, please list all work experience for which you have been compensated.

Organization	City/State/Zip	Dates (From/To)	Type of Work	Reason for Leaving

References

Please list 4 professional/character references, one of which should be your pastor.

1.	Name	Occupation	Capacity in which he/she knew you
	Address		Email
	Home Phone	Cell Phone	Work Phone
2.	Name	Occupation	Capacity in which he/she knew you
	Address		Email
	Home Phone	Cell Phone	Work Phone
3.	Name	Occupation	Capacity in which he/she knew you
	Address		Email
	Home Phone	Cell Phone	Work Phone
4.	Name	Occupation	Capacity in which he/she knew you
	Address		Email
	Home Phone	Cell Phone	Work Phone

