



6000 Easter Circle · Williamsburg, VA · 23188 · (757) 565-2900 · FAX (757) 565-3720 · PCSvirginia.org

SUBSTITUTE TEACHER APPLICATION

Thank you for your interest in Providence Classical School. We look forward to receiving your application soon. If it appears that you may be qualified for one of our openings, a personal interview will be arranged.

Date of application _____ Date available for interview _____

When are you available to begin substituting? _____

PERSONAL DATA

Name _____
Last First Middle

Street Address _____ City _____

State _____ Zip code _____ Home Phone () _____

Social Security # _____ Mobile () _____

Are you a citizen of the United States? _____ Date of Birth _____

Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

If married, spouse's name _____ Spouse's occupation _____

Have you ever been convicted of a felony or a misdemeanor, which resulted in imprisonment? If so, please explain on a separate sheet of paper.

AVAILABILITY

Grades willing to substitute for: (please circle appropriate grades) K 1 2 3 4 5 6 7 8 9 10 11 12

Days available: (please circle appropriate days) M T W TH F

Times most available: (please circle appropriate times) A M P M ALL DAY

More specific times? _____

RELIGIOUS AND INDIVIDUAL EDUCATION

What is your denomination or church preference? _____

What local church do you attend? _____ Are you a member? _____

Please describe any non-teaching experience or training you have had that you believe would enhance your ability to substitute at Providence Classical School : _____

University	City/State	Degree	Major	Dates Attended

WORK EXPERIENCE

Please list below your work experience beginning with the most recent:

Employer _____ From _____ To _____

Address _____ Phone () _____

Your position/title _____ Reason for leaving _____

May we contact? _____

WORK EXPERIENCE

Employer _____ From _____ To _____

Address _____ Phone () _____

Your position/title _____ Reason for leaving _____

May we contact? _____

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WORK EXPERIENCE

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Address _____ Phone () _____

Your position/title _____ Reason for leaving _____

May we contact? _____

I VERIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY INTENTIONAL FALSIFICATION OF ANY PORTION OF THIS APPLICATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

Applicant's Signature

Date

ATTACHED IS A COPY OF PROVIDENCE CLASSICAL SCHOOL'S STATEMENT OF FAITH, STATEMENT OF PURPOSE, STATEMENT OF MEANS, AND STATEMENT OF PHILOSOPHY. (IF APPLYING ONLINE, PLEASE REVIEW THESE STATEMENTS AT WWW.PCSVIRGINIA.ORG.) IF YOU ARE IN AGREEMENT WITH ALL OF THESE DOCUMENTS, PLEASE INDICATE THIS BY YOUR SIGNATURE. IF AT ANY POINT YOU DISAGREE OF HAVE QUESTIONS, PLEASE STATE YOUR VIEW OR QUESTIONS ON THE BACK OF THIS PAGE.

YOUR SIGNATURE
OF AGREEMENT: _____

Providence Classical School does not discriminate on the basis of race, color, age, gender, or national, and ethnic origin in the administration of any of its policies or programs. It does reserve the right to select teachers on the basis of personal religious commitment and beliefs, academic performance, and willingness to cooperate with the Providence Classical School Board and Administration and to abide by its policies.