

# SUBSTITUTE APPLICATION

Please complete this form as thoroughly as possible. A college transcript should be attached.  
All information will be held in confidence.

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

## PERSONAL

Full Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EDUCATION

Name of School	Address	Dates Attended	Degree
Secondary: _____			
College: _____			
College: _____			
Graduate/Other: _____			
Academic/Athletic Honors, extracurricular activities, etc.: _____			

## TEACHER CERTIFICATION

Type of Certification \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

List in order of preference the grades or subjects you are certified to teach (Lower, Middle, Upper School):

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

WORK EXPERIENCE (Last 3 positions other than teaching)

Employer	Address	From/To	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TEACHING EXPERIENCE (Last 3 positions)

School	Address	From/To	Subject/Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STUDENT TEACHING EXPERIENCE

School	Address	From/To	Subject/Grade
_____	_____	_____	_____

List other activities with children: \_\_\_\_\_

\_\_\_\_\_

REFERENCES (List 3 professional references and 3 personal references.)

Name	Address	Position	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



## CONSENT AND RELEASE FOR BACKGROUND CHECK

PLEASE READ CAREFULLY

As part of our procedure, and based upon the initial interest expressed by you and our client, Rockford Christian Schools may make inquiries whereby information about you is obtained through personal interviews, previous employers, personal and business references, consumer reports, credit agencies, public records, schools and other means (hereinafter referred to as "sources"). These sources may be contacted to furnish information concerning personal character, experience, general reputation or any other matter having a bearing on our client's consideration of you for employment.

In making some of these inquiries, Rockford Christian Schools utilizes the services of Intellicorp, Inc. to contact the sources and complete such background inquiries. By signing this document, you authorize the sources to provide the information to Intellicorp, Inc. and/or Rockford Christian Schools to disclose such information to its clients in the course of completing a review of your background and, possibly, submitting your name to clients as a candidate for employment. Results of any third-party inquiry (e.g. credit reports, degree validation and criminal history) will be furnished to you, upon request.

In addition to authorizing the disclosure of all the above-referenced information, you hereby waive and hold harmless any and all sources. Intellicorp, Inc. and Rockford Christian Schools, including their authorized employees, agents and representatives, from any and all claims and liabilities in any way or manner arising from the disclosure and/or use of the information specified in this document. You further agree that you will not assert a claim against any source, Intellicorp, Inc. and/or Rockford Christian Schools arising from the disclosure or use of such information. You further understand and waive your right to privacy in these inquiries including any personal information about you relative to any conviction, guilty plea or plea of *nolo contendere* for any crime. You agree that if any misrepresentation has been made by you herein, or the results of such inquiry are not satisfactory, any offer of employment made may be withdrawn and/or your employment terminated immediately. The authorization set forth above is valid as to Rockford Christian Schools and/or Intellicorp, Inc. only for a period of six months from the date hereof. Notwithstanding that limitation, the release and waiver of claims shall continue beyond that period provided the subject information is obtained, utilized and/or disclosed during that six month period.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS DOCUMENT AND VOLUNTARILY AGREE TO THE DISCLOSURE, WAIVER AND ALL REMAINING TERMS SPECIFIED HEREIN.

\_\_\_\_\_  
Candidate's Name (Print)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Please list the cities and states you have lived in (if the above address does not encompass 7 years)

\_\_\_\_\_  
Previous Name/Maiden/A K A'S

\_\_\_\_\_  
Date of Change

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Candidate's Email Address