



## Application Checklist

----- Read Providence's [Statement of Faith](#), [Core Values](#), and [Mission Statement](#).

----- Complete the [free response questions](#) on page five.

----- Complete the application.

----- Submit the application and materials by mail or email.

Mailing Address: Providence Christian School, Attn: Headmaster Assistant  
5002 W. Lovers Lane  
Dallas, TX 75209

Email: [administration@pcstx.org](mailto:administration@pcstx.org)

# Substitute Application

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

If you are hired, you will be required to verify identity and eligibility to work in the United States and to complete the required Form I-9 Employment Eligibility Verification.

## Personal Data

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

## Job Interest

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

I would prefer to substitute in \_\_\_\_\_ Lower School (PK – 4<sup>th</sup>) and/or \_\_\_\_\_ Middle School (5<sup>th</sup> – 8<sup>th</sup>)

Please list what days and times you are available:

*A full day of teaching is an eight-hour workday from 7:30 a.m. – 3:30 p.m.*

Days of the Week	Hours Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

**Lesson Plans:** Teachers will contact you with information concerning lesson plans, handouts, curriculum, homework, and slides. They may leave additional notes on their desks. If you receive this information in advance, please review it and communicate any questions with the teacher in advance. Substitutes are asked to grade papers only at the teacher’s request.

**Dress Code:** With the exception of the occasional casual dress days, we ask that our teachers wear conservative, professional attire (ties for men, skirts or dresses for women) and shoes.

**Arrival:** Because Dallas traffic is unpredictable and to allow for preparation time, we suggest that you arrive twenty to thirty minutes before the start of the first class or duty.

**Education and Training** (Please do not abbreviate school names.)

Full School Name	City	State	Major	Graduated	Degree	Cum. GPA
High School:				Yes No GED		
Trade School/Technical School:				Yes No		
College:				Yes No		
College:				Yes No		
College/Graduate School:				Yes No		
College/Graduate School:				Yes No		
Please indicate the name(s) you used during your highest level of education:						

How many years of formal teaching experience do you have in a traditional school setting?

\_\_\_\_\_ years full time

\_\_\_\_\_ years part time

## Employment Record

Starting with your current or most recent employment, list your past three previous employers. Please complete in full for each employer. Please make sure your resume reflects all work experience.

Organization Name:	Start Date:	End Date:	Job Title and Duties:
Street Address:	Department:		Salary:
City:		State:	Telephone:
When may we contact this employer? Now _____ After acceptance of offer _____			
Reason for Leaving:			Name and Title of Supervisor:

Organization Name:	Start Date:	End Date:	Job Title and Duties:
Street Address:	Department:		Salary:
City:		State:	Telephone:
When may we contact this employer? Now _____ After acceptance of offer _____			
Reason for Leaving:			Name and Title of Supervisor:

Organization Name:	Start Date:	End Date:	Job Title and Duties:
Street Address:	Department:		Salary:
City:		State:	Telephone:
When may we contact this employer? Now _____ After acceptance of offer _____			
Reason for Leaving:			Name and Title of Supervisor:

## History with Providence

Were you ever previously employed by Providence? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dates employed: \_\_\_\_\_

Position(s)? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Do you have any relatives who are currently employed by Providence or who serve on the Providence Board of Trustees?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list their names: \_\_\_\_\_

Did you attend Providence? Yes \_\_\_\_\_ Years Attended \_\_\_\_\_ No \_\_\_\_\_

## Church Information

Where do you attend church? \_\_\_\_\_

## Pastoral Reference

Please provide the name and phone number of your pastor or other church leader whom we may contact:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## Additional References

Besides your pastor and current or past supervisor, please list at least two other people whom we may contact with reference to your application.

Reference Name

Title/Relationship

Daytime Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please answer the following questions in a separate document and attach the document with this application.**

1. Please discuss your spiritual journey, what Christ means to you, and the difference He makes in your life.
2. Why would you like to substitute at Providence?

## Legal History

- Y\_\_\_ N\_\_\_ Have you ever been convicted of a criminal offense (felony or misdemeanor)? Answer “yes” if you have entered a plea agreement including a deferred sentence or deferred judgment arrangement in connection with a criminal case.
- Y\_\_\_ N\_\_\_ Have you ever been charged with a sexual offense, an offense relating to children, or a crime of violence?
- Y\_\_\_ N\_\_\_ Have you ever been reported to any organization or registry for abuse or misconduct involving children?
- Y\_\_\_ N\_\_\_ Do you have any disciplinary action or investigation pending by an employer, other organization, professional association, or licensing body for violence, sexual misconduct, or misconduct involving children?
- Y\_\_\_ N\_\_\_ Have you ever been disciplined or dismissed from any volunteer position or employment for any reason, or following an allegation of sexual misconduct, physical aggression, verbal aggression, or other inappropriate behavior or conduct?
- Y\_\_\_ N\_\_\_ Have you ever been reprimanded or asked to leave or end your membership in an organization in which you were volunteering?
- Y\_\_\_ N\_\_\_ Have you ever been the subject of a complaint or disciplinary proceeding concerning any professional license or professional affiliation held by you?
- Y\_\_\_ N\_\_\_ Do you now or have you ever sought out child pornography?

If you answered “yes” to any of the above questions, please explain fully. (Use additional sheet if needed.)

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*This information will not necessarily bar an applicant from employment and, therefore, any uncertainty should be resolved in favor of disclosure. The nature and seriousness of any crime and date of offense will be considered.*

## Privacy Policy

At Providence, we are committed to protecting your privacy. Your personal information may be maintained in an electronic database in the U.S. and will be processed by a third-party provider for purposes of conducting background investigations. Your personal information will be used by Providence for recruitment and background check purposes. The information under our control will be protected from loss, misuse, unauthorized access or disclosure, alteration, or destruction. By submitting your personal information and signing this application, you agree that Providence may process it for recruitment, Human Resources processes, and background check purposes.

## Applicant Release and Acknowledgement

I understand that Providence requires certain information about me in order to evaluate my qualifications for employment and to conduct its business should I become an employee. Therefore, I authorize Providence to conduct all required background checks, investigate my past employment, educational credentials, and any other employment-related activities. I agree to cooperate in such investigations and release those parties supplying such information to Providence from responsibility with respect to information supplied.

I agree that Providence may use the information it obtains concerning me in the conduct of its business. I understand that such use may include disclosure outside Providence in those cases where its agents and contractors need such information to perform their functions, where their company's legal interests and/or obligations are involved, or where there is a medical emergency involving me. I understand that Providence intends to protect the confidentiality of personal information it obtains concerning me to the extent required by law.

I agree that I will not disclose or use while interviewing with or employed with Providence any confidential or proprietary information of others, including any former employer.

I understand that any employment with Providence would not be for any fixed period of time and that, if employed, I may resign at any time, for any reason, or Providence may terminate my employment at any time for any reason in the absence of a specific written agreement to the contrary. I understand that my employment-at-will status may not be modified or changed except in a written agreement signed by a duly authorized officer of Providence.

I understand that any false answers or statements made by me in this application, any supplement thereto, or in connection with the above-mentioned investigations may be grounds for refusal of employment, may invalidate my employment or, if employed, will be sufficient grounds for immediate discharge and render me ineligible for any benefits. Once submitted, the application and all supporting materials for employment at Providence, become the property of Providence.

All applicants are required to read our [Statement of Faith](#). Please also read our [Core Values](#) and [Mission Statement](#). All documents may be found on the "about" tab on our website ([www.pcstx.org](http://www.pcstx.org)).

My signature below acknowledges that I have read, understood, and agreed to the terms of my entire application. It also affirms that I have read and agree with Providence's Statement of Faith.

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

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

