

CENTER PLACE RESTORATION SCHOOL

819 West Waldo Avenue
Independence, Missouri 64050
(816) 252-1715

**PERSONNEL APPLICATION
SUBSTITUTE TEACHER**

PERSONAL DATA

Name _____
First Middle Last

Address _____ Telephone _____
Street City State Zip

Date of Birth _____ Marital Status _____ SS# _____

Grade and/or subject area you are interested in working with _____

Family working at CPRS? ___ N ___ Y If yes, who? _____

Restoration Branch of which you are a member _____ How long? _____

Branch Responsibilities _____

EMPLOYMENT

Current Place of Employment _____

Address _____ Telephone _____

Have you ever been asked to resign or been discharged from a job? _____ No
_____ Yes

If yes, for what reason?

CERTIFICATION INFORMATION

Do you currently hold a teaching certificate? _____ No _____ Yes

If yes, what kind? _____ Date of expiration _____

Issued by _____ Date _____

What specific grades/subjects are you authorized to teach? _____

EDUCATION HISTORY

HIGH SCHOOL

Name of School _____ City/State _____

Grade Completed _____

COLLEGE - UNDERGRADUATE

Name of School _____ City/State _____

Major _____

Semester Hours _____ Date Graduated _____ Degree _____

COLLEGE - GRADUATE

Name of School _____ City/State _____

Semester Hours _____ Date Graduated _____ Degree _____

Major _____

WORK EXPERIENCE

TEACHING EXPERIENCE (most recent first)

Name of School _____ City/State _____

Grade/Subject Taught _____ Dates _____

Name of School _____ City/State _____

Grade/Subject Taught _____ Dates _____

Name of School _____ City/State _____

Grade/Subject Taught _____ Dates _____

OTHER EXPERIENCE (most recent first)

Company _____ City/State _____

Type of Work _____ Dates _____

Company _____ City/State _____

Type of Work _____ Dates _____

REFERENCES

Please list the names of at least three references who can provide a personal and/or business reference for you.

Name _____ Address _____

Telephone _____ Relationship _____

Name _____ Address _____

Telephone _____ Relationship _____

Name _____ Address _____

Telephone _____ Relationship _____

Why do you desire to teach at Center Place Restoration School? _____

Write a brief testimony of your commitment to the restored gospel of Jesus Christ: _____

The facts set forth in my application are true and complete. I understand that, if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize Center Place Restoration School or its agents it make an investigation of my employment and personal history through any investigative or credit agencies of its choice.

I also understand that neither this application nor a commitment of employment by Center Place Restoration School constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Center Place Restoration School. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit an application in order to be considered for positions at Center Place Restoration School.

Signature _____ Date _____

(Return this application to the Administrator, Center Place Restoration School, 819 West Waldo, Independence, Missouri, 64050.)