



Scofield Christian School

7730 Abrams Road
Dallas, Texas 75231
office@scofieldchristian.org

Substitute Application

Date _____

Date Available: _____

Social Security Number _____

Name _____
(please print) Last First Middle

Maiden Name _____

Present Address

Street City State Zip

Home Phone _____ Business Phone _____

Email Address _____

Name of Spouse _____

Name of person to be notified in case of emergency _____

Address _____

Phone _____

List any friends or relatives working for us:

Have you ever been convicted of a felony or misdemeanor?

☐ Yes ☐ No

If “yes” , give details.

PREVIOUS EMPLOYMENT RECORD

Please list any experience in the classroom.

Employer	Address	Position Held	From-To	Reason for Leaving
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REFERENCES (List at least one for each of the following: character, professional experience, and pastoral).

Name	Address	Phone
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EDUCATION (High school and up)

Dates of Attendance	Name of School	City
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State briefly your personal relationship with God:

Church you regularly attend:

Are you a member? _____

Do you agree with our philosophy and doctrinal statements? _____

How did you hear about SCS?

Signature _____

Printed Name: _____