



King of Kings Lutheran
Church and School

2330 North Dale Street Roseville, MN 55113
651-484-9206 kingofkingslutheranschool.org

APPLICATION FOR SUBSTITUTE TEACHING POSITION

Date _____

Name: _____

Address: _____ Cell Phone: _____

_____ Email: _____

EDUCATION:

College/University	Degree	Years attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

MN State Teaching License: ____ Yes ____ No Expiration Date: _____

Grade Levels: _____ Specialization(s): _____

Please attach a copy of your MN teaching license (if “yes” above).

Please include a copy of your resume.

Is teaching Religion a concern for you? ____ Yes ____ No

How did you hear about King of Kings? _____

Subject areas comfortable teaching: _____

Grade levels comfortable teaching: _____

Days of the week that you are unavailable: _____

Other concerns or considerations: _____

References:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Background

Date of Birth: ____/____/____

Have you ever been charged with or convicted of child abuse or neglect, or any crime against or involving a child? Yes _____ No _____

If yes, please provide a written explanation.

Have you been convicted of a felony? Yes _____ No _____

If yes please provide a written explanation.

Have you ever had a professional license or certificates suspended or revoked in any state, or have you ever voluntarily surrendered—temporarily or permanently—professional license or certificate in any state? Yes _____ No _____

If yes please provide a written explanation.

I hereby give permission to King of Kings Lutheran Church and School to contact any of the references and present and former employers listed above and to do a criminal background check. I also give permission to any and all of the references and employers listed above to release information to King of Kings Lutheran Church and School.

Signature

Date