

# **Substitute Nurse Application**

Personal	Information
Name	2:
	ess:
Phone	e/Cell Phone: Email:
Days	and hours of the week you are available:
How	did you hear about this job opening?
What	websites do you use when searching for job postings?
Christian	Experience - (Please attach a separate page answering questions 1, 3, and 4.)
1.	Please share your personal testimony of your Christian faith.
2.	Your church affiliation Location
3.	Please describe your involvement/experience in a local church.
4.	Please share your personal convictions as a Christian toward: liquor, tobacco, drugs, and matters of recreation and entertainment.

### Christian Education Philosophy - (Please attach a separate page answering questions 1 through 3.)

- 1. State what you consider to be the main characteristics that distinguish a Christian school from a public school.
- 2. As a substitute staff member in a Christian school, on what basis would you require obedience of the pupils?
- 3. Would you be prepared to promote Christian principles? Explain how.

## Education

Please list the schools you have attended, beginning with the most recent.

School Name	Dates (Mo/Yr)	Degree Earned	GPA
List your college major/minor:			
Do you hold Washington State Reg	gistered Nurse licer	nse?	
License #:	E	Expiration date:	
Have you had Adult/Child First Aid	, CPR, AED & Blood	Borne Pathogens training?	
First Aid expiration date: $\_$		CPR expiration date:	
AED expiration date:	Blood Borne I	Pathogens expiration date:	
Extracurricular activities and/or ho	onors:		
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Special interests, travels, or experi	iences with children	1;	
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## Work Experience

Please list your prior positions, beginning with the most recent.

Position	Employer	City/State	Dates

o you have experience w	vorking at a school?	How	many years?
	rked at and location(s):		
lease state why you wan	t to substitute at Firm Foundation	on Christia	n School:
ences			
	o are qualified to speak of your s	spiritual ex	rperience and Cl
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APPLICANT'S CERTIFICATION AND AGREEMENT (PLEASE READ CAREFULLY)					
supervisors or any persons with whom I har facts set forth in the above employment ap	an School to inquire of any persons listed as ve worked as to my record. I certify that the plication are true and complete to the best of d, falsified statements on this application shal				
Signature of applicant	Date				

Please mail, fax or email your completed application to:

#### Firm Foundation Christian School

1919 SW 25th Avenue • Battle Ground, WA 98604 Fax: (360) 687-8799 Email: apply@ffcs.org