

INTERNATIONAL EXPERT RESOURCES

TEACHER APPLICATION

All answers must be in English language only. All information must be completed and true, any misstatement, falsification or omission of information maybe grounds for refusal to the program, if hired, termination.

✚ PLEASE TYPE OR PRINT CLEARLY IN BLACK INK. CHECK BOXES WHERE APPROPRIATE

✚ ALL BOXES MUST BE COMPLETED

✚ IF THE INFORMATION DOES NOT APPLY WRITE "N/A" IN THE BOX

APPLICANT PERSONAL INFORMATION		
Family Name		
First Name		
Middle Name		
Date of Birth: ___/___/_____(mo/day/year)		City of Birth:
Country of Legal Permanent Residency:		
Country of Citizenship:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Current Address:	City	State/Provinces
	Country	Zip code
Permanent Address (if same above, indicate so)	City	State/Provinces
	Country	Zip code
Home Phone	Mobile Phone	
Country Code_____ Area Code_____ Phone #_____	Country Code_____ Area Code_____ Phone #_____	
Email Address:		

SKILLS AND ABILITIES	
1. How would you grade your English speaking skills?	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> I don't speak English
2. How would you evaluate your English writing skills?	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> I don't wrote in English
3. How would you evaluate your English comprehension skills?	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> I don't understand English
4. How would you describe your personality?	
5. Do you have any relatives or friends live in the US? If so, where do they located and their occupations?	
6. Are you a certified teacher in your home country?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

EDUCATION (please provide information about your post-secondary education)
1. Name of Institution:
Address:

Degree Received Date/Type:	
Education Credit Hours:	Major:
2. Name of Institution:	
Address:	
Degree Received Date/Type:	
Education Credit Hours:	Major:
3. Name of Institution:	
Address:	
Degree Received Date/Type:	
Education Credit Hours:	Major:
4. Name of Institution:	
Address:	
Degree Received Date/Type:	
Education Credit Hours:	Major:

Total Number of Years of Teaching Experience:

EXPERIENCES IN TEACHING	
1. Name of Institution:	Address:
Type of Institution: Public Private	Date of Employment:
Position Name:	No. of Years:
Grade:	Subject:
Immediate Supervisor (we can contact for reference) Name and contact phone No/Email:	
2. Name of Institution:	Address:
Type of Institution: Public Private	Date of Employment:
Position Name:	No. of Years:
Grade:	Subject:
Immediate Supervisor (we can contact for reference) Name and contact phone No/Email:	
3. Name of Institution:	Address:
Type of Institution: Public Private	Date of Employment:
Position Name:	No. of Years:
Grade:	Subject:
Immediate Supervisor (we can contact for reference) Name and contact phone No/Email:	
4. Name of Institution:	Address:

Type of Institution: Public Private	Date of Employment:
Position Name:	No. of Years:
Grade:	Subject:
Immediate Supervisor (we can contact for reference) Name and contact phone No/Email:	
5. Name of Institution:	Address:
Type of Institution: Public Private	Date of Employment:
Position Name:	No. of Years:
Grade:	Subject:
Immediate Supervisor Name (we can contact for reference) and contact phone No/Email:	

ADDITIONAL INFORMATION

1. Please list the subject areas and grade levels that you would like to be considered for teaching in the USA (Example, I can teach Math from grades 6-8 and Science from Grade 6-12).
2. Please describe why you would like to participate in International Expert Resources Teacher Exchange Program?
3. Please describe what would you like to accomplish or gain from the teacher exchange program.
4. In 200 words or less, describe yourself, your interests and why you are a good teacher.
5. Have you ever had a teaching license suspended or revoked? (If yes, provide details)
6. Have you ever been dismissed or asked to resign from any position (if yes, provide details)

7. Have you ever been convicted of a crime or do you have any criminal charges currently pending? (If yes, provide details).

8. Have you ever been in a lawsuit? (If yes, provide details)

MARITAL STATUS & DEPENDANT INFORMATION

Complete the required information below if you intend to bring dependent (s) on J-2 visa). For any additional dependents you are bringing with you, please provide the requested information on a separate sheet of paper.

Marital Status: Single Married Divorced Windowed

If selected for the program, how many people are you bring with you?

How many children do you have? If any

U.S TRAVEL HISTORY

Have you ever been to the USA? Yes No	Have you ever been refused a visa, denied of entry to or deported from ANY country? Yes No If yes, reason:
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Date of US travel	Visa Type and Reason for Travel	Name of Visa Sponsor Agency

EMERGENCY CONTACT INFORMATION

English Speaking Emergency Contact Name
First name _____ Last Name _____

Emergency Contact Phone Number Mobile Work Other Country Code _____ Area Code _____ Phone # _____	Additional Phone Number Mobile Work Other Country Code _____ Area Code _____ Phone # _____
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OTHERS

How frequently do you check your email? Hourly Daily Weekly Monthly

What is best time of the day to reach you by phone for an interview: _____ AM PM

How did you know about our program? (if someone referred you, please mention his/her name here)