

ENGLISH TEACHERS IN SEOUL APPLICATION FORM



SEOUL METROPOLITAN OFFICE OF EDUCATION

Please follow the application form instructions.

1. Name Last											Attach a passport size photo taken within the last six months
First											
Middle Initial											
2. Date of Birth year	1	9			month			day			
3. Gender M F	4. Marital Status S M										
5. Place of Birth City (State)					Country						
6. A) Citizenship					B) Legal Residency						
7. Current Address (Tel)					(Fax)						
(Email)											
8. Permanent Address (Tel)					(Fax)						
9. Emergency Contact											
Name	Relationship	Telephone	Fax	Address							

10. Educational Background (List all your educational degrees)						
	Name of Institution	Location (State/city& country)	Major	Degree	Date Graduated (mm/yy)	Dates Attended (from ~ to)
Jr. High School						
High School						
College/University						
College/University						
Graduate Study						
Graduate Study						

11. Teaching Certification (List all your teaching related certificates)

A) Teacher Certification					
Title of Certificate	Subject Area	Grade Level	Issuing State/ Institution	Date Issued (mm/yy)	Expiration Date

B) TESOL/TEFL or Other Certificate

Title of Certificate	Subject Area	Issuing Institution	Date Issued (mm/yy)	Total hours attended

12. Teaching Experience (List all your teaching experience in chronological order from most recent to least recent Note: you will be required to provide evidence of employment)

Employer	Location (State/City & Country)	Subject Taught	Age range Taught	Dates From ~ to (mm/yy)	Full time	Part Time (Hours per week)

13. Student or Practice Teaching Experience (List chronologically the most recent first)

Name of School	Location	Subject	Grade Level	Dates From ~ To

14. Placement and Specialty (Please choose your preference: elementary or secondary (middle) school students and describe your specialty. Note: SMOE has the final decision in the placement of the teachers)

Preference	School	Specialty
1		
2		

15. Dependents (List all dependents who will be traveling with you)

Name	Relationship	Gender	Age	Nationality

16. Joint Application (If applying for SMOE together, list name and relationship)			
Name	Relationship	Gender	Place of application

17. References (List two references who are familiar with your professional competence)				
Name	Position	Address	Telephone	E-mail Address

18. Have you ever visited Korea before?
 Yes No If yes, please explain duration and purpose below.

19. How would you rate your knowledge of the Korean language?
 Advanced Intermediate Elementary None

20. Are you currently an applicant of any other teaching program?
 Yes No
 If yes, please indicate Other Province Office of Education EPIK Private Institution

21. Have you ever been convicted of a crime other than minor traffic accident?
 Yes No If yes, please give details below

22. Do you have Driver's License?
 Yes No If yes, please give details below

23. Within the last five years, have you ever broken your contract for any reason?
 Yes No If yes, please give details below

24. If you are a male citizen of the Republic of Korea under the age 35, have you completed mandatory military service or received an official waiver?
 Yes No

I declare that the above information given is true and correct. If the information on this form is not correct, or if degrees are from non-accredited institutions, or any other degrees or certificates are found to be falsified the SMOE reserves the right to terminate application or employment immediately.

Signature _____ Date _____

**SEOUL METROPOLITAN OFFICE OF EDUCATION****Personal Essay**

We are interested in your ability to perform as a successful teacher in Seoul public schools. Please provide your educational philosophy of teaching young learners, and express thoughts on encountering with cultural differences.

Name of Applicant:

Last	First, Middle
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Large empty rectangular area for writing the personal essay, bounded by a dashed line.



SEOUL METROPOLITAN OFFICE OF EDUCATION

Medical Form (Self Evaluation)

To the applicant: Please provide correct information for the following questions. Any omission or false information will delay processing of your application. All applicants will be required to submit an official medical report from a practicing physician before employment.

1. When and for what reason did you last consult a physician?

.....

2. Have you had any serious ailment, injuries or diseases in the past five years?

Yes No If yes, please explain.

.....

3. Have you been hospitalized in the last two years? Yes No If yes, please explain.

.....

4. Have you ever been treated by a doctor for any mental, emotional, or nervous disorder?

Yes No If yes, please explain and attach a report from your doctor.

.....

5. Have you ever been addicted to any substance? Yes No If yes, please explain.

.....

6. Do you have any allergies? Yes No If yes, please list them.

.....

7. Are you taking any prescribed medication?

Yes No If yes, please list and explain why.

.....

8. Are you on a special diet? Yes No If yes, please explain in details.

.....

9. Height _____ feet(Meters) Weight _____ pound (Kg)

I CERTIFY THAT ALL THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____