



TEACHER APPLICATION FORM

Inspected by the Ministry of Education

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PERSONAL INFORMATION

Male Female Marital Status: Single Married

Last Name: _____ First Name _____

Date of Birth (mm/dd/yyyy): _____

Current Address: _____

City: _____ Province/State: _____

Country: _____ Postal Code: _____

Phone #: _____ - _____ - _____ Email: _____

Place of Birth (City, Country) _____

Citizenship: _____

Resident of: _____ SIN # _____

Attach a passport size photo taken within the last six months (optional).

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____ Language: _____

Phone: _____ - _____ - _____ Email: _____

PLACEMENT AND SPECIALTY

Please list your preference: Elementary School, High School, College, University, Adult Specialized training).

Preference	School	Specialty
1		
2		
3		

Along with this application form, please include your resume and all related reference letters, documents, and certificates.

On your resume please make sure you have the following:

- Educational background** (List all your educational degrees)
- Teaching Certification** (List all your teaching related certifications)
- Teaching Experience** (List all your teaching experience in chronological order from most recent to current. You will be required to provide evidence of employment)
- Student or Practice Teaching Experience** (List chronologically with the most recent first)
- References** (List two references who are familiar with your professional competence)

How would you rate your knowledge of the English Language?

- Advanced Intermediate Elementary Native

Are you currently an applicant of any other teaching program?

- Yes No

If yes, please indicate Other Office of Education Government Private Institution

Do you have a Driver's License?

- 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, World Life Education Centre reserves the right to terminate my employment immediately.

Signature: _____

Date (mm/dd/yyyy): _____