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| **Dominican International School**  **台北市私立道明外僑學校**  No. 76, Tah-Chih Street, Taipei (10464), Taiwan, R.O.C.  10464臺北市中山區大直街76號 | | | | | **Teacher Application Form** | | |
|  | | | | Please insert your photograph here | | | |
| **Position applied for:** | | |  | | | | |
| **Grade:** |  | | | | |  |  |
|  | |  | | | | | |

**Personal Details**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your title (for example, Mr, Ms, Dr): | | | |  | | | | | | | | |  |
| First name or names: | |  | | | | | | | | | | |  |
| Last name: | |  | | | | | | | | | | |  |
| Date of birth: | |  | | | | | | | | | | |  |
| Address: |  | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | |  |
| Home phone number: | | |  | | Work phone number: | |  | | | | | |  |
| Mobile phone number: | | |  | | E-mail address: |  | | | | | | |  |
|  | | | | | | | | | | | | |  |
| Please provide your nationality and passport number: | | | | | | | | | | | | |  |
| If you have been employed in Taiwan before, please complete this section: | | | | | | | | | | | | | |
| - Do you have an APRC? | | | | | | | | Yes |  | No |  |  | |
| If yes, please provide the number: | | | | | | | | | | | | | |
| - Do you have an ARC? | | | | | | | | Yes |  | No |  |  | |
| If yes, please provide the number | | | | | | | | | | | | | |
| - If you have answered no to the above, have you worked in Taiwan before? | | | | | | | | Yes |  | No |  |  | |
| If yes, what was you ARC number? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

**Current or Most Recent Employment**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer’s name and full address: | | | | | | |  | | | |
|  | |  | | | | | | | | |
| Employer’s email address | | | |  | | | | Employer’s telephone number: | |  |
| Job title: | | |  | | | | | | | | |
| Subjects and grades taught (please continue on a separate page if necessary): | | | | | | | | |  | |
|  | | | | | | | | | | |
|  |  | | | | | | | | | |
| Dates employed (from and to): | | | | | | |  | | | |
| Reason for leaving: | | | | |  | | | | | |
| Notice you need to give: | | | | | |  | | | | |

**Previous Employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please list the most recent first and continue on a separate sheet if necessary** | | | | |
| Date from | Date to | Employer’s name and address including local authority | Job title | Reason for leaving |
| **K-12** | | | | |
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| **University/College** | | | | |
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|  |  |  |  |  |
| **Other** | | | | |
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|  |  |  |  |  |
| If you have had any breaks in employment since leaving school, please give details of these periods and your activities during these times (for example, unemployment, raising a family, voluntary work, training and so on). | | | | |
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**Professional Status**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you hold qualified teacher status? | Yes | |  | No |  | If *Yes*, please give a description/ name and date of award: | |  |
|  | |  |  |  |
| Do you hold a teaching license? | | Yes |  | No |  | If *Yes,* please provide place and date of issue, expiry date (if applicable) and license number: |  | |
|  |  |  |  |

**Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education:** Please include any qualification, training and current membership of professional associations that are relevant to the post. (Please continue on a separate page if necessary) | | | | |
| Date from | Date to | University, College, Professional body | Qualifications achieved – please list your majors | Date achieved |
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**Professional Development**

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| --- | --- | --- |
| **Professional Courses attended within the last five years (**Please continue on a separate page if necessary) | | |
| Brief description/ course title | Date of attendance | How long did it last |
|  |  |  |
|  |  |  |

**Personal Statement**

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| --- |
| Please tell us how your knowledge, skills and experience would benefit the Dominican International School. Please comment on your thoughts on working in a Catholic School. |
|  |

**References**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please give details of two referees, one of whom must be your current or most recent employer. In the case of a first appointment, one referee should be from your university or college. You should only give personal references if employment references are not available. | | | | | | | | | | | | | |
| 1. | Name: | |  | | | | 2. | Name: |  | | | |  |
|  | Address: | |  | | | |  | Address: |  | | | | |
|  |  | | | | | |  |  | | | | |  |
|  | | | | | | | | | | | | | |
|  | | Daytime phone number: | | | |  |  | Daytime phone number: | | | |  |  |
|  | | E-mail address: | |  | | |  | E-mail address: | |  | | |  |
|  | | | | | | | | | | | | | |
|  | | Position or relationship: | | |  | |  | Position or relationship: | | |  | |  |
| We are looking for someone who will support the safeguarding and welfare of children in our school in accordance with the school’s Child Protection Policy. Please note that reference will be taken on all shortlisted candidates prior to interview. | | | | | | | | | | | | | |

**Disability**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Impairment and disability | | | | | | | |
| Do you consider yourself to have a physical, learning sensory or mental health impairment or disability? | | | | | | | |
|  | Yes |  | No |  | |  | |
| If ‘yes, please specify | | | | |  | |  |
| (Some examples of impairment that meet the definition of disability are hard of hearing, partially sighted, severe back problems, arthritis, phobias, depression, speech impairment, dyslexia, diabetes, epilepsy, asthma and cardiovascular conditions.) | | | | | | | |

**Declaration**

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| --- | --- | --- | --- | --- |
| I confirm that the information I have given on this form is true and correct, and you can treat it as part of any future contract of employment. I understand that if I do not provide complete and correct information, you may withdraw an offer of employment or, if I am already employed, dismiss me immediately. I also give you permission to use my personal information for monitoring and management purposes. | | | | |
| Your signature: |  | Date: |  |  |
|  | | | | |

**DOCUMENTS**

Please provide us with scanned copies of the following documents for application purposes:

1. Resume / Curriculum Vitae
2. Teaching License
3. Teaching Diploma / Certification
4. Proof of degrees, diplomas and certificates
5. Certificates of Employment from previous employers
6. Two Letters of Recommendation
7. Criminal clearance from your country of origin
8. and criminal clearance from your country of residence if you have been living there for three years or longer.

Teachers will be asked to present the original documents during the final interview. Before signing the contract, candidates who have been offered positions, will also have to present the school with a health certificate (not older than six months).