# Foreign Teacher Information Form

Please complete the following three page form and return it to the teacher recruiter who has been in communication with you. For questions with options, please place an “X” next to your answer.

**General Information:**

|  |  |
| --- | --- |
| Full Name (as on your passport): |  |
| Current Street Address: |  |
| City: |  |
| Postal Code: |  |
| Home Phone #: |  |
| Mobile Phone #: |  |
| Email address: |  |
| Skype Username: |  |
| Date of Birth: |  |

**Passport Information:**

|  |  |
| --- | --- |
| Passport #: |  |
| Citizenship: |  |
| Place of Birth: |  |
| Date of Issue: |  |
| Date of Expiration |  |
| Authority: |  |

**Travel Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Planned Date of Departure: |  | | | |
| Planned Date of Arrival: |  | | | |
| City of Departure: |  | | | |
| Airport of Departure: |  | | | |
| Preferred Seating: |  | Aisle |  | Window |
| \*\* To be completed after ticketing\*\* | | | | |
| E-ticket confirmation #: |  | | | |
| Airlines arriving in Jordan: |  | | | |
| Flight # arriving in Jordan: |  | | | |
| Arrival Date in Jordan: |  | | | |
| Arrival Time in Jordan: |  | | | |

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**Educational Background:**

|  |  |
| --- | --- |
| Undergraduate Degree (Major): |  |
| Undergraduate Degree (Minor): |  |
| Year Graduated: |  |
| Educational Institution: |  |
| Address of Institution: |  |
|  |  |
| Master or PhD. Degree: |  |
| Year Graduated: |  |
| Educational Institution: |  |
| Address of Institution: |  |

**Experience Background:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Previous Teaching experience: |  | Yes |  | No |
| (Provide details about your experience) |  | | | |
| Years of Prior Work Experience |  | | | |
| (Provide details about your prior experience) |  | | | |
| Prior Experience with Montessori Teaching Style |  | Yes |  | No |
| (Provide details about your prior experience) |  | | | |

**Overseas Experience:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you traveled overseas before? |  | Yes |  | No |
| If yes, when, where & for how long |  | | | |
| Have you visited the Middle East before? |  | Yes |  | No |
| If yes, when, where & for how long |  | | | |
| What is the longest time you have remained overseas before? |  | | | |

**Medical Conditions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any pre-existing medical conditions we should be informed about? |  | Yes |  | No |
| If yes, please explain the condition and continuing treatment which would be required in Jordan. |  | | | |

**Criminal History:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you been convicted of a felony? |  | Yes |  | No |
| If yes, when and for what felony |  | | | |
| Do you give the American Academy permission to run a background check, if so desired? |  | Yes |  | No |
| If no, please provide reasons |  | | | |

**Medical Certifications:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you certified in CPR? |  | Yes |  | No |
| If yes, date of certification |  | | | |
| Are you certified in medical first aid? |  | Yes |  | No |
| If yes, date of certification |  | | | |