

Recruitment/Job Application form

Opening position(s) which I am interested in

First Choice: _____

Second Choice: _____

Date of Available: _____ YY _____ MM _____ DD

Part A: Personal Information

First name		Last Name	
Preferred name		Email address	
Gender		Date of Birth	
Citizenship			

Contact Information

Phone number	
Skype username (Interview via)	
WeChat account \ (If Applicable)	
Address	
City	
State	
Zip code	
Country	

Dependents – Spouse

Marital Status	<input type="checkbox"/> Married teaching couple <input type="checkbox"/> Married, non teaching couple <input type="checkbox"/> Separated <input type="checkbox"/> Others
Spouse name	
Spouse is seeking position	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position Spouse is interested in	

Dependents- Children

	Name	DOB	Current Grade level
Child 1		__YY__MM__DD	
Child 2		__YY__MM__DD	
Child 3		__YY__MM__DD	
Child 4		__YY__MM__DD	

Part B: Education background

Degree:

Start date	End date	University/ College Attended	Degree	Main Subject
		<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Others		
		<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Others		
		<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Others		

Teaching certificate:

Have you ever had a teaching license?

If yes, please provide details:

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Part C: Teaching experience

From	To	School/ Organization	Country	Position	Full time/ Part time	Total years
__YY__ MM	__YY__ MM				<input type="checkbox"/> F/T <input type="checkbox"/> P/T	
__YY__ MM	__YY__ MM				<input type="checkbox"/> F/T <input type="checkbox"/> P/T	
__YY__ MM	__YY__ MM				<input type="checkbox"/> F/T <input type="checkbox"/> P/T	
__YY__ MM	__YY__ MM				<input type="checkbox"/> F/T <input type="checkbox"/> P/T	

Part D: Referees

References will be contacted only with applicant's permission. Please include your current supervisor.

	Name	Title	School/ Organization	Email
1				
2				
3				
4				

Part E: Background Information

How did you hear of Changchun American International School?

Have you ever been convicted of a crime or offense? Please note that if any offense appears on a background check, the Chinese government will not extend a work permit and any contract offer will be voided.

I do not have any criminal record in my home country or living country.

Yes No

If yes, please explain.

Part F: Health Information

General State of Health	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Do you (or any family members) have any illness that could potentially cause difficulty for you to complete the contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is Yes, please provide the details _____ _____
Do you have any illness or surgery in the past years ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is Yes, please provide the details _____ _____
Do you take any medicine currently?	<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is Yes, please provide the details _____ _____
Do you have allergic? Including but not limited to food, drugs, peanut, pollen, cinnamon, glues and etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is Yes, please provide the details _____ _____
Do you have a medical history	<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is Yes, please provide the details _____ _____
Have you used tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Tattoo?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, I do have tattoo, but I am wearing shirt to cover it.

Part G: Declaration

I declare that the information given above I true, accurate and complete to the best of my knowledge. I understand that if I give any false information or withhold any relevant information, I shall render myself liable to disqualification for appointment or dismissal after appointment by CAIS.

Applicant Signature:

Date: