

**DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS (DoDDS)  
APPLICATION FOR OVERSEAS EMPLOYMENT**

*Form Approved  
OMB No. 0704-0370  
Expires Mar 31, 2005*

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0370). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO:  
DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS, RECRUITMENT UNIT  
4040 NORTH FAIRFAX DRIVE, ARLINGTON, VA 22203-1634**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 20 USC Sections 902, 903, and E.O. 9397.

**ROUTINE USE:** None.

**PRINCIPAL PURPOSE:** Used to screen applications for qualifications eligibility.

**DISCLOSURE:** Voluntary. Personal identifier data is requested solely to provide positive identification of applicant. However, failure to provide the requested identification information may cause delay in evaluating the candidate for position vacancies.

<b>1. SOCIAL SECURITY NUMBER</b>		<b>2. BIRTH DATE (YYYYMMDD)</b>		<b>3. U.S. CITIZEN? (Must be a U.S. citizen)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>4. NAME (Last, First, Middle)</b>			<b>5. E-MAIL ADDRESS</b>		
<b>6. LOCAL ADDRESS (Street, Apartment Number, City, State, ZIP Code)</b>			<b>7. PERMANENT ADDRESS (If different)</b>		
<b>8. HOME TELEPHONE NUMBER (Include Area Code)</b>		<b>9. WORK TELEPHONE NUMBER (Include Area Code)</b>		<b>10. OTHER TELEPHONE NUMBER (Include Area Code)</b>	
<b>11. AVAILABILITY DATE (YYYYMMDD)</b>		<b>12. IS SPOUSE APPLYING? (If Yes, complete a., b., and c., below)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
a. SPOUSE'S NAME (Last, First, Middle)		b. SSN		c. CATEGORIES FOR WHICH SPOUSE IS APPLYING	
<b>13. VETERAN PREFERENCE?</b> <input type="checkbox"/> NO PREFERENCE OR NOT A VETERAN <input type="checkbox"/> 5-POINT <input type="checkbox"/> 10-POINT		<b>14a. HIGHEST DEGREE HELD</b>		b. MAJOR	
				c. DEGREE GRANTED (YYYYMMDD)	
<b>15a. ARE YOU A FORMER DoDDS TEACHER?</b> <input type="checkbox"/> YES (Complete b. - e.) <input type="checkbox"/> NO		b. LAST YEAR TAUGHT		c. NUMBER OF YEARS	
				d. SCHOOL	
e. NAME UNDER WHICH EMPLOYED (If different from Item 4)		<b>16a. DO YOU HAVE A VALID STATE CERTIFICATE?</b> <input type="checkbox"/> YES (Complete b. & c.) <input type="checkbox"/> NO			
		b. STATE		c. CATEGORIES	
<b>17. HAS A VALID STATE CERTIFICATE EVER BEEN REVOKED FOR CAUSE? (If Yes, explain)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>18. HAVE YOU MET THE DoDEA PRAXIS REQUIREMENTS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>19. TOTAL YEARS OF TEACHING EXPERIENCE IN FULL TIME, PRE-K - 12, ACCREDITED SITUATION</b>		
<b>20. SUPERVISOR INFORMATION FOR UP TO 10 YEARS OF TEACHING EXPERIENCE IN PRE-K - 12 SITUATION</b>					
a. YOUR POSITION		b. SUPERVISOR NAME AND TITLE		c. TELEPHONE NUMBER (Include Area Code)	

**21. HAVE YOU HAD TRAINING AND/OR EXPERIENCE IN THE FOLLOWING CURRICULA AND/OR INSTRUCTIONAL METHODS?**

*(X all that apply)*

<input type="checkbox"/>	a. Language Immersion	<input type="checkbox"/>	n. Reading Recovery
<input type="checkbox"/>	b. Business Lab	<input type="checkbox"/>	o. National Writing Project
<input type="checkbox"/>	c. Early Childhood Education	<input type="checkbox"/>	p. Small School Experience
<input type="checkbox"/>	d. Multiage/Multigrade Instruction	<input type="checkbox"/>	q. Resource Based Learning/Information Literacy
<input type="checkbox"/>	e. Conducting In-service Training	<input type="checkbox"/>	r. Middle School Experience
<input type="checkbox"/>	f. Drug and Alcohol Education	<input type="checkbox"/>	s. Talented and Gifted
<input type="checkbox"/>	g. English as a Second Language (ESL)	<input type="checkbox"/>	t. Distance Learning
<input type="checkbox"/>	h. Service Learning	<input type="checkbox"/>	u. Teaching Advanced Placement Courses
<input type="checkbox"/>	i. Cooperative Learning	<input type="checkbox"/>	v. Peer Counseling
<input type="checkbox"/>	j. School/Community Partnership	<input type="checkbox"/>	w. Portfolio Assessment
<input type="checkbox"/>	k. Constructive Approach to Learning	<input type="checkbox"/>	x. Water Safety Instruction
<input type="checkbox"/>	l. Micro Based Labs	<input type="checkbox"/>	y. Human Sexuality
<input type="checkbox"/>	m. NCTM Math Standards	<input type="checkbox"/>	z. School to Work

MC: CIRC

**22. EXTRA-CURRICULAR ACTIVITIES** *(If you have directed or coached activities listed below and are willing to do so, place an "X" in the proper block(s).)*

<input type="checkbox"/>	a. Athletic Director	<input type="checkbox"/>	g. Cross Country	<input type="checkbox"/>	m. Outward Bound	<input type="checkbox"/>	s. Track & Field
<input type="checkbox"/>	b. Swimming	<input type="checkbox"/>	h. Dramatics	<input type="checkbox"/>	n. Photography	<input type="checkbox"/>	t. Volleyball
<input type="checkbox"/>	c. Band/Orchestra	<input type="checkbox"/>	i. Football	<input type="checkbox"/>	o. School Publications	<input type="checkbox"/>	u. Wrestling
<input type="checkbox"/>	d. Baseball	<input type="checkbox"/>	j. Chorus	<input type="checkbox"/>	p. Soccer	<input type="checkbox"/>	v. Speech
<input type="checkbox"/>	e. Basketball	<input type="checkbox"/>	k. Golf	<input type="checkbox"/>	q. Softball	<input type="checkbox"/>	w. Debate
<input type="checkbox"/>	f. Cheerleader	<input type="checkbox"/>	l. Gymnastics	<input type="checkbox"/>	r. Tennis	<input type="checkbox"/>	x. JROTC Rifle Team

**23. CERTIFICATION.**

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

a. SIGNATURE <i>(Sign in dark ink)</i>	b. DATE SIGNED <i>(YYYYMMDD)</i>
--	----------------------------------

**24. FOR DoDEA USE ONLY**