

FACULTY APPLICATION FORM

Personal Details			
Date of Application:	Date Available for Employ	ment:	
Last Name:			Photo
First/Middle Names:			
Date of Birth:	Place of Birth:		
Nationality:			
Current Address:			
Home Phone:	Mobile:	Email:	
Home of Record (if different from above): _			
Bulgarian ID Card (if local hire):		Marital Status:	
Name of Spouse:		Does Spouse Teach?	
If NO, Employment Address: (If YES and seeking employment, please fill o		cation Form.)	
Please list any special skills, training, coachi	ng experience or leadership	experience which you mig	ht possess:
Activities/Sports willing to sponsor/coach: _			
Hobbies and Interests:			
Other Information:			

	S/MS/HS): 1 st Pre	ference: 2 nd	Preference:	3 rd Prefere	nce:
Subjects: 1 st Preference:		2 nd Preference:	3 rd P	3 rd Preference:	
Education/Training					
Name/Location of College,	/University	Dates Attended	Degree	Major	Mino
					_
Teacher Certification					
Date Granted		Date Expires			
State or Country of Issue		Areas of Qual	ification		
Credential / Placement File	es Available From	l <u> </u>			
E xperience (please list last	two teaching/ac	lministrative positions):			
Experience (please list last Year(s)	School	Subj	ects/Grade Level		
Year(s)	School	Subj	ects/Grade Level		
Year(s)	School	Subj			
Year(s) Year(s) Total Years of Full Time Te	School School aching Experienc	Subj	ects/Grade Level	ce	
Year(s) Year(s) Total Years of Full Time Te References (please list <u>at l</u>	School School aching Experienc	Subj	ects/Grade Level inistrative Experience of Principal or higher	ce	
Year(s) Year(s) Total Years of Full Time Te References (please list <u>at l</u>	School School aching Experienc east two former of	Subj Subj e Adm educational referees – Assistar	ects/Grade Level inistrative Experiend	ce r): Dates	
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Have you ever been dism	issed from a teaching posi	tion? No Ye	es	If yes, state reason(s):
	icted of a criminal offence			If yes, state reason(s):
	ntially accompanying famil ce or to complete a two-ye	ear contract? No	Yes	night make it difficult eithe If yes, state details(s):