

**WORLD LIFE EDUCATION CENTER**

**XEROX TOWER**  
 5650 Yonge Street  
 Suite 1500 North York  
 Toronto Ontario M2M 4G3  
 URL: <http://www.worldlifeedu.org>

**TEACHERS APPLICATION FORM**

Please follow the application form instructions. You can attach it via email or scan the attachment and post it to [recruitment@worldlifeedu.org](mailto:recruitment@worldlifeedu.org) (ref: Jobs at WLEC)

<b>1. Name</b> Last								Attach a passport size photo taken within the last six months (optional)		
First										
Middle Initial										
<b>2. Date of Birth</b> year		1	9			month				
<b>3. Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>4. Marital Status</b> <input type="checkbox"/> S <input type="checkbox"/> M								
<b>5. Place of Birth</b> City (State)				Country						
<b>6. A) Citizenship</b>					<b>B) Resident of:</b>					
<b>7. Current Address</b> (Tel)				(Fax)						
(Email)										
<b>8. Permanent Address</b> (Tel)				(Fax)						
<b>9. Emergency Contact</b>										
<b>Name</b>		<b>Relationship</b>		<b>Telephone</b>		<b>Fax</b>		<b>Address</b>		

**10. Educational Background (List all your educational degrees)**

	<b>Name of Institution</b>	<b>Location (State/city&amp; country)</b>	<b>Major</b>	<b>Degree</b>	<b>Date Graduated (mm/yy)</b>	<b>Dates Attended (from ~ to)</b>
College/University						
College/University						
Graduate Study						
Graduate Study						

**11. Teaching Certification (List all your teaching related certificates)**

**A) Teacher Certification**

<b>Title of Certificate</b>	<b>Subject Area</b>	<b>Grade Level</b>	<b>Issuing State/ Institution</b>	<b>Date Issued (mm/yy)</b>	<b>Expiration Date</b>

**B) TESOL/TEFL or Other Certificate**

<b>Title of Certificate</b>	<b>Subject Area</b>	<b>Issuing Institution</b>	<b>Date Issued (mm/yy)</b>	<b>Total hours attended</b>

**12. Teaching Experience** (List all your teaching experience in chronological order from most recent to least recent Note: you will be required to provide evidence of employment)

Employer	Location (State/City & Country)	Subject Taught	Age range Taught	Dates From ~ to (mm/yy)	Full time	Part Time (Hours per week)

**13. Student or Practice Teaching Experience** (List chronologically the most recent first)

Name of School	Location	Subject	Grade Level	Dates From ~ To

**14. Placement and Specialty** (Please list your preference: elementary, secondary (middle) school, College, University, Adult specialized training.

Preference	School	Specialty
1		
2		
3		
4		

15. Dependents (List all dependents with you)				
Name	Relationship	Gender	Age	Details( if any)

  

16. Joint Application (If applying for together, list name and relationship)			
Name	Relationship	Gender	Details( if any)

  

17. References (List two references who are familiar with your professional competence)				
Name	Position	Address	Telephone	E-mail Address

<p><b>18. Have you ever visited Toronto before?</b></p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No    If yes, please explain duration and purpose below.</p>
<p><b>19. How would you rate your knowledge of the English language?</b></p> <p><input type="checkbox"/>Advanced    <input type="checkbox"/>Intermediate    <input type="checkbox"/>Elementary    <input type="checkbox"/>Native</p>
<p><b>20. Are you currently an applicant of any other teaching program?</b></p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No</p> <p>If yes, please indicate <input type="checkbox"/>Other Office of Education    <input type="checkbox"/>Government    <input type="checkbox"/>Private Institution</p>
<p><b>21. Have you ever been convicted of a crime other than minor traffic accident?</b></p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No    If yes, please give details below</p>
<p><b>22. Do you have Driver's License?</b></p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No    If yes, please give details below</p>
<p><b>23. Within the last five years, have you ever broken your contract for any reason?</b></p> <p><input type="checkbox"/>Yes    <input type="checkbox"/>No    If yes, please give details below</p>
<p><b>I declare that the above information given is true and correct. If the information on this form is not correct, or if degrees are from non-accredited institutions, or any other degrees or certificates are found to be falsified the SMOE reserves the right to terminate application or employment immediately.</b></p> <p><b>Signature</b> _____ <b>Date</b> _____</p>

## World Life Education Center

### Personal Essay

We are interested in your ability to perform as a successful teacher in WLEC. Please provide your educational philosophy of teaching young learners, and express thoughts on encountering with cultural differences.

Name of Applicant:

Last	First, Middle
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## World Life Education Center

### Medical Form (Self Evaluation)

To the applicant: Please provide correct information for the following questions. Any omission or false information will delay processing of your application. All applicants will be required to submit an official medical report from a practicing physician before employment.

1. Have you ever caught infectious diseases before?

Yes (Infectious Disease name: \_\_\_\_\_ )  No

2. Have you ever received treatment for Emotional Disorder?

Yes (Disorder name: \_\_\_\_\_ )  No

5. Have you had any serious Injuries or Diseases in the past five years?

Yes (Name & recent situation: \_\_\_\_\_ )  No

6. Do you have any allergies?

Yes (List: \_\_\_\_\_ )  No

7. Are you taking any Prescribed Medication?

Yes (List & explain: \_\_\_\_\_ )  No

8. Are you on a special diet?

Yes (Please explain: \_\_\_\_\_ )  No

9. Height \_\_\_\_\_ (feet/meters) Weight \_\_\_\_\_ (pounds/kg)

**I CERTIFY THAT ALL THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_