



APPLICATION FOR TEMPORARY EMPLOYMENT

YOUR
PHOTO
HERE

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POSITION APPLIED FOR: CENTER MANAGER HEAD TEACHER
 TEACHER ACTIVITY MANAGER ACTIVITY LEADER (please tick)

PERSONAL INFORMATION (please print or type)

YOUR FIRST NAME	
YOUR LAST NAME	
DATE OF BIRTH	
NATIONALITY	
PERMANENT ADDRESS	
CONTACT ADDRESS (if different)	
TELEPHONE (Home)	
TELEPHONE (Mobile)	
GENDER	
SINGLE? YES, NO	
ARE YOU A NATIVE ENGLISH SPEAKER?	
DO YOU HAVE A CLEAN DRIVING LICIENCE? YES, NO	
DO YOU OWN A CAR?	
DATES AVAILABLE TO WORK	
DO YOU SPEAK A FOREIGN LANGUAGE? INDICATE LEVEL	
DO YOU SMOKE? YES, NO	
PREFERRED LOCATION	
HOW DID YOU HEAR ABOUT THIS VACANCY	
E-Mail	

EDUCATION

NAME AND THE ADDRESS OF THE SCHOOL, COLLEGE, UNIVERSITY	YEARS ATTENDED	CERTIFICATES, DIPLOMAS, DEGREES OBTAINED, INCLUDING ANY SPORTS COACHING QUALIFICATIONS

TEACHING QUALIFICATIONS

NAME AND THE ADDRESS OF THE SCHOOL, COLLEGE, UNIVERSITY	LENGTH OF THE COURSE	QUALIFICATIONS GAINED

EMPLOYMENT RECORD

NAME OF THE EMPLOYER AND THE NATURE OF THE BUSINESS	DATES	POSITION AND RESPONSIBILITIES

TEACHING EXPERIENCE

1. PLEASE GIVE SPECIFIC DETAILS OF ANY RELEVANT TEACHING EXPERIENCE:

2. WHAT DO YOU THINK ARE THE MOST IMPORTANT ASPECTS OF SUMMER TEACHING?

3. GIVE SOME PRACTICAL SUGGESTIONS FOR INTEGRATING THE TEACHING PROGRAM WITH ACTIVITY AND EXCURSIONS PROGRAM:

4. WHICH EFL COURSE BOOKS ARE YOU MOST FAMILIAR WITH?

ACTIVITIES

Please grade your ability in the activities given below.

Mark column A if you can organize and teach the activity, Mark column B if you are personally competent.

List other activities (creative and sporting) you have experience of in the blank table on the right.

ACTIVITY	A	B
Basketball		
Volleyball		
Football		
Soccer		
Tennis		
Swimming		
Aerobics		
Dance		
Drama		
Arts & Craft		

ACTIVITY	A	B

Please add any other relevant information.

APPLICATION SUPPORT

Please tell us how you could contribute to our sporting and entertainment program in support of your application.

Do you have any illnesses and are you taking any medication?

Do you have any criminal record?

REFERENCES

PLEASE GIVE THE NAMES, ADDRESSES TELEPHONE NUMBERS OF TWO REFERENCES WHO CAN BE CONTACTED.

I declare that the information given in this form is correct to the best of my knowledge.

Signed:

Date: