

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY (DoDEA)  
APPLICATION FOR OVERSEAS EMPLOYMENT**

OMB No.: 0704-0370  
OMB approval expires:

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, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (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:**

Civilian Human Resources Agency (CHRA)  
DoDEA Recruitment Cell, North Central Region  
ATTN: CHRA-NCR-K  
1 Rock Island Arsenal, Building 104, Rock Island, IL 61299-7650

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 20 U.S.C. Sections 902, 903, and 921-932; and E.O. 9397 SSN, as amended.

**PRINCIPAL PURPOSE:** Information is collected from applicants to determine educational qualification, employment eligibility, and employment verification. Information is covered by OPM/GOVT-5, "Recruiting Examining and Placement Records," <https://www.opm.gov/information-management/privacy-policy/sorn/opm-sorn-govt-5-recruiting-examining-and-placement-records.pdf>. Upon entry into Federal service the form is maintained under OPM/GOVT-1, "General Personnel Records," <https://www.opm.gov/information-management/privacy-policy/sorn/opm-sorn-govt-1-general-personnel-records.pdf>.

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, the information may be disclosed outside the DoD pursuant to 5 U.S.C. 552a(b)(3). To disclose to appropriate Federal officials pertinent workforce information for use in national or homeland security emergency/disaster response. Additional routine uses are listed in the applicable System of Records Notice: OPM/GOVT-1, General Personnel Records at: <https://www.opm.gov/information-management/privacy-policy/sorn/opm-sorn-govt-1-general-personnel-records.pdf>.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information may delay or prevent the processing of an application for a teaching position.

<b>1. SOCIAL SECURITY NUMBER</b>		<b>2. BIRTH DATE (YYYYMMDD)</b>		<b>3. U.S. CITIZEN?</b> (Must be a U.S. citizen) <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>4. NAME (Last, First, Middle)</b>			<b>5. E-MAIL ADDRESS</b>		
<h1>D R A F T</h1>					
<b>6. LOCAL ADDRESS (Street, Apartment Number, City, State, ZIP Code)</b>			<b>7. PERMANENT ADDRESS (If different)</b>		
<b>8. HOME TELEPHONE NUMBER</b> (Include Area Code)		<b>9. WORK TELEPHONE NUMBER</b> (Include Area Code)		<b>10. OTHER TELEPHONE NUMBER</b> (Include Area Code)	
<b>11. AVAILABILITY DATE (YYYYMMDD)</b>		<b>12. IS SPOUSE APPLYING?</b> (If Yes, complete a. and b., below) <input type="checkbox"/> YES <input type="checkbox"/> NO			
a. SPOUSE'S NAME (Last, First, Middle)			b. 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 DoDEA 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?</b> (If Yes, explain) <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 <i>(Include Area Code)</i>
<b>D R A F T</b>		

**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"/> b. Business Lab <input type="checkbox"/> c. Early Childhood Education <input type="checkbox"/> d. Multiage/Multigrade Instruction <input type="checkbox"/> e. Conducting In-service Training <input type="checkbox"/> f. Drug and Alcohol Education <input type="checkbox"/> g. English as a Second Language (ESL) <input type="checkbox"/> h. Service Learning <input type="checkbox"/> i. Cooperative Learning <input type="checkbox"/> j. School/Community Partnership <input type="checkbox"/> k. Constructive Approach to Learning <input type="checkbox"/> l. Micro Based Labs <input type="checkbox"/> m. NCTM Math Standards <input type="checkbox"/> n. Reading Recovery <input type="checkbox"/> o. National Writing Project <input type="checkbox"/> p. Small School Experience <input type="checkbox"/> q. Resource Based Learning/Information <input type="checkbox"/> r. Middle School Experience <input type="checkbox"/> s. Talented and Gifted <input type="checkbox"/> t. Distance Learning	<input type="checkbox"/> u. Teaching Advanced Placement Courses <input type="checkbox"/> v. Peer Counseling <input type="checkbox"/> w. Portfolio Assessment <input type="checkbox"/> x. Water Safety Instruction <input type="checkbox"/> y. Human Sexuality <input type="checkbox"/> z. School to Work <input type="checkbox"/> aa. Autism - Training or Experience <input type="checkbox"/> bb. Early Literacy <input type="checkbox"/> cc. Centers Based Learning <input type="checkbox"/> dd. Developmentally Appropriate Activities <input type="checkbox"/> ee. Experience with Different Level Abilities within the Same Classroom <input type="checkbox"/> ff. Speaking and Understanding Foreign Language <input type="checkbox"/> gg. Guided Reading/Flexible Grouping <input type="checkbox"/> hh. Literature as Basis for Teaching Grammar, Usage and Mechanics <input type="checkbox"/> ii. Literature as Basis to Teach Phonics <input type="checkbox"/> jj. Standards-based Instruction <input type="checkbox"/> kk. Performance Assessment <input type="checkbox"/> ll. Technology as an Instructional Tool <input type="checkbox"/> mm. Involving Parents in the Education of Their Children <input type="checkbox"/> nn. Other _____
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**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"/> b. Swimming <input type="checkbox"/> c. Band/Orchestra <input type="checkbox"/> d. Baseball <input type="checkbox"/> e. Basketball <input type="checkbox"/> f. Cheerleader	<input type="checkbox"/> g. Cross Country <input type="checkbox"/> h. Dramatics <input type="checkbox"/> i. Football <input type="checkbox"/> j. Chorus <input type="checkbox"/> k. Golf <input type="checkbox"/> l. Gymnastics	<input type="checkbox"/> m. Outward Bound <input type="checkbox"/> n. Photography <input type="checkbox"/> o. School Publications <input type="checkbox"/> p. Soccer <input type="checkbox"/> q. Softball <input type="checkbox"/> r. Tennis	<input type="checkbox"/> s. Track & Field <input type="checkbox"/> t. Volleyball <input type="checkbox"/> u. Wrestling <input type="checkbox"/> v. Speech <input type="checkbox"/> w. Debate <input type="checkbox"/> x. JROTC Rifle Team
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**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 (YYYYMMDD)
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**24. FOR DoDEA USE ONLY**