

**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.

1. SOCIAL SECURITY NUMBER		2. BIRTH DATE (YYYYMMDD)		3. U.S. CITIZEN? (Must be a U.S. citizen) <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. NAME (Last, First, Middle)			5. E-MAIL ADDRESS		
<h1>D R A F T</h1>					
6. LOCAL ADDRESS (Street, Apartment Number, City, State, ZIP Code)			7. PERMANENT ADDRESS (If different)		
8. HOME TELEPHONE NUMBER (Include Area Code)		9. WORK TELEPHONE NUMBER (Include Area Code)		10. OTHER TELEPHONE NUMBER (Include Area Code)	
11. AVAILABILITY DATE (YYYYMMDD)		12. IS SPOUSE APPLYING? (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		
13. VETERAN PREFERENCE? <input type="checkbox"/> NO PREFERENCE OR NOT A VETERAN <input type="checkbox"/> 5-POINT <input type="checkbox"/> 10-POINT		14a. HIGHEST DEGREE HELD		b. MAJOR	c. DEGREE GRANTED (YYYYMMDD)
15a. ARE YOU A FORMER DoDEA TEACHER? <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)		16a. DO YOU HAVE A VALID STATE CERTIFICATE?		<input type="checkbox"/> YES (Complete b. & c.)	<input type="checkbox"/> NO
		b. STATE	c. CATEGORIES		
17. HAS A VALID STATE CERTIFICATE EVER BEEN REVOKED FOR CAUSE? (If Yes, explain) <input type="checkbox"/> YES <input type="checkbox"/> NO					
18. HAVE YOU MET THE DoDEA PRAXIS REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			19. TOTAL YEARS OF TEACHING EXPERIENCE IN FULL TIME, PRE-K - 12, ACCREDITED SITUATION		

