

APPLICATION
(Please Print)

WASHINGTON STATE INTERNATIONAL EXCHANGE ASSOCIATION

509 Olive Way Suite 831 Seattle, WA 98101
Telephone: (206) 262-9897 E-mail: info@wsiea.com Website: www.wsiea.com

INFORMAL PROGRAM	
PERSONAL INFORMATION	
NAME(LAST NAME FIRST)_____	SEX_____
PRESENT ADDRESS_____	CITY_____ STATE_____ ZIP_____
PHONE(H)_____ (W)_____	MARITAL STATUS:_____
AGE_____	DATE OF BIRTH_____ PLACE OF BIRTH_____
SOCIAL SECURITY #_____	OCCUPATION_____ REFERRED BY_____
EMPLOYMENT DESIRED	
DATES AVAILABLE_____	
CITIES DESIRED (LIST UP TO 3 REGIONS/CITIES)_____	
DESIRED STUDENT AGE RANGE _____	GENDER_____
EDUCATION	
CERTIFICATION(S)	

EXPERIENCE
PUBLICATIONS (PAPERS, BOOKS, JOURNAL ARTICLES, ETC.)
SPECIAL STUDY/ RESEARCH WORK/ SPECIAL TRAINING/ SKILLS
REFERENCES

CURRENT SCHOOL INFORMATION (IF APPLICABLE)

NAME _____ TYPE (PRIVATE/PUBLIC) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TEL _____ FAX _____

MAJOR _____ GPA _____

SPECIAL NEEDS/REQUESTS (ie. ALLERGIES, PET PREFERENCES, ETC)

HOBBIES & INTERESTS

PLEASE RESPOND TO THE FOLLOWING QUESTIONS

1. With the exception of motor vehicle violations, have you ever been convicted of a crime, felony, or misdemeanor by any state, the federal government, or any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there a criminal complaint or accusation, or other information presently pending against you, or are you under indictment in state, by the federal government, or by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has any application for a professional or occupational license or permit made by you ever been denied, or has a license or permit issued to you ever been suspended, revoked, censured, or fined, in any state or any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever had a civil court order, verdict, or judgment entered against you in any court or competent jurisdiction in which the subject matter involved any education/teaching or business related activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you currently required to register as a sex offender in any other state? If yes, state _____ county _____ country _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsified statements on this application shall be grounds for dismissal.

I understand that completion of this application does not indicate that there is a position open and that there is no stated guarantee of success.

I have agreed for WSIEA to complete a comprehensive background check that will include but not limited to areas of criminal, credit, and employment.

Application Fee:

I have enclosed a check of **\$100.00** (made out to *Washington State International Exchange Association*) as the application fee, allowing WSIEA to set up employment, negotiate offers, and coordinate my teaching position. Upon satisfaction of my teaching post and completion of an acceptable exit interview, \$50.00 will be refunded back to me through WSIEA after 30 days of the exit interview review.

I wish to:

- Take this position as soon as possible.
- Take this position in the near future: ____/____
(month/year)
- Receive ongoing information about WSIEA, as I am not interested at the moment, but I may apply at a later date.

My E-mail address: _____
(please print clearly)

Signature _____ Date: ____/____/____