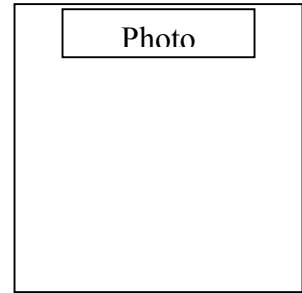




RABAT AMERICAN SCHOOL

c/o American Embassy
B.P. 120, Rabat, Morocco
Ph: 212-(0)37-67-14-76
Fax: 212 (0)37-67-09-63
Email: info@ras.ma /
Website: www.ras.ma



FACULTY APPLICATION FORM

Date of Application: _____ Date Available for Employment: _____

Last Name: _____ First/Middle Names: _____

Date of Birth: _____ Place of Birth: _____ Nationality: _____

Current Address: _____

Home Phone: _____ Mobile: _____ Email: _____

Home of Record (if different from above): _____

Moroccan Carte de Sejour: (if local hire): _____ Marital Status: _____

Name of Spouse: _____ Does Spouse Teach? _____

If NO, Employment Address: _____
(If YES and seeking employment, please fill out a separate Faculty Application Form.)

Children Accompanying You:

Name	Age	Grade	Gender	Support Services Needed? (Give Details on Separate Sheet)	
_____	_____	_____	_____	Yes _____	No _____
_____	_____	_____	_____	Yes _____	No _____
_____	_____	_____	_____	Yes _____	No _____

Please list any special skills, training, coaching experience or leadership experience which might be helpful in our activities or athletics programs:

Activities/Sports willing to sponsor/coach: _____

Hobbies and Interests: _____

Other Information: _____

Grade Level and Subject Priorities:

Grade Level / Divisional (ES/MS/HS): 1st Preference: _____ 2nd Preference: _____ 3rd Preference: _____

Subjects: 1st Preference: _____ 2nd Preference: _____ 3rd Preference: _____

Education/Training:

Name/Location of College/University	Dates Attended	Degree	Major	Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Teacher Certification: Date Granted _____ Date Expires _____
 State or Country of Issue _____ Areas of Qualification _____
 Credential / Placement Files Available From _____

Experience (Please list last two teaching/administrative experiences):

Year(s) _____ School _____ Subjects/Grade Level _____
 Year(s) _____ School _____ Subjects/Grade Level _____
 Total Years of Full Time Teaching Experience _____ Administrative Experience _____

References (Please list at least two of your recent supervisors in educational positions you have held):

Name _____ School _____ Dates _____ Contact _____
 Name _____ School _____ Dates _____ Contact _____
 Name _____ School _____ Dates _____ Contact _____

May we contact your current supervisor? Yes _____ No _____ If "no", please explain _____

Name and Contact Info for Current Supervisor _____

Other Information

Have you ever been dismissed from a teaching position? No _____ Yes _____ If yes, please state reason(s):

How many days of school did you miss last year? _____ This school year? _____

I hereby certify that all statements made herein are true and correct to the best of my knowledge, and authorize investigation of any statement made herein.

Date _____ Signature of Applicant _____

Please Attach:

_____ Full CV _____ Statement of Philosophy _____ 3 Letters of Reference _____ Copies of Certification/
 Diplomas/Transcripts