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①- NAME IN PASSPORT & PHOTO Include any suffix (Jr., Sr., etc)

LAST NAME

FIRST NAME | MIDDLE NAME(S)

☐ Check this box if you have ever received a legal name change.

②-1 DATE OF BIRTH

Select... (YEAR) | Select... (MONTH) | Select... (DATE)

②-2 AGE

Select...

③-1 SEX

Select...

③-2 MARRIAGE

Select...

③-3 PLACE OF BIRTH

CITY, STATE/PROVINCE | COUNTRY

④-1 PRIMARY CITIZENSHIP

CITIZENSHIP YOU WOULD USE TO TEACH IN KOREA

④-2 SECONDARY CITIZENSHIP

LIST ANY OTHER CITIZENSHIP(S) YOU HOLD

④-3 KOREAN HERITAGE

- Are you ethnically Korean? Yes ☐ No ☐

- If yes, do you possess Korean Citizenship? Confirm with a Korean consulate or embassy before applying. Yes ☐ No ☐

⑤ INTERVIEW CONTACT INFORMATION

Available interview start time**		Skype ID (Required)	
Primary Phone (+ Country Code)		Secondary Phone	
Primary Email		Secondary Email	

** Interviews are scheduled according to Korean Standard Time (KST). Start times are available Mon to Fri from 09:00-17:00. List all available interview times (e.g., M-F, 13:30-16:30 KST). Failure to list times will result in delays in scheduling.

⑥-1 CURRENT AND PREVIOUS INTERNATIONAL TIME ABROAD

Do you currently or have you ever lived in a country that does not correspond to the primary citizenship listed in Section 4-1? Yes ☐ No ☐

If yes, list below:

	CITY, COUNTRY	PURPOSE	FROM: MM/YYYY	TO: MM/YYYY
Country (1)		Select...		
Country (2)		Select...		
Country (3)		Select...		
Country (4)		Select...		
☐	Check this box if you have any further listings that do not fit above.			

⑥-2 MAILING ADDRESS

List the mailing address you would like your contract sent to. Please notify your application agent or the EPIK office of any address changes.

HOUSE NUMBER & STREET NAME	CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
TELEPHONE (INCL. COUNTRY CODE & AREA CODE)				

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⑦ EMERGENCY CONTACT List contact information for a **family member** in case of an emergency.

FIRST NAME	LAST NAME	RELATION	HOME/MOBILE PHONE (+ COUNTRY CODE)

⑧-1 EDUCATIONAL BACKGROUND List all primary and secondary institutions in order attended. For tertiary education, list each institution in order attended (including transfers, etc.). All institutions attended must be listed.

SCHOOLING	NAME OF INSTITUTION	CITY & COUNTRY	FROM: MM/YYYY	TO: MM/YYYY	YEARS AT SCHOOL
Select...					
Select...					
Select...					
Select...					

☐ Check this box if you have any further listings that do not fit above, and add them to the addendum on page 6.

TERTIARY	NAME OF INSTITUTION	CITY & COUNTRY	FROM: MM/YYYY	TO: MM/YYYY	YEARS AT SCHOOL
TERTIARY (1)					
	DEGREE: Select...	MAJOR:		Overall Grade: /	
		Leave next section blank if you have your diploma. If you do not, when will you receive it?			
TERTIARY (2)					
	DEGREE: Select...	MAJOR:		Overall Grade: /	
		Leave next section blank if you have your diploma. If you do not, when will you receive it?			
TERTIARY (3)					
	DEGREE: Select...	MAJOR:		Overall Grade: /	
		Leave next section blank if you have your diploma. If you do not, when will you receive it?			

☐ Check this box if you have any further listings that do not fit above, and add them to the addendum on page 6.

⑧-2 ENGLISH TEACHING CERTIFICATION / VALID TEACHING CERTIFICATION

TITLE OF CERTIFICATION	Program Name or Issuing Authority			
Select...		Select...	Hours In-class	Hours Online
Select...		Select...	Hours In-class	Hours Online

⑨-1 CURRENT EMPLOYMENT

JOB TITLE	EMPLOYER	COUNTRY	FROM: MM/YYYY	STATUS
				Select...

IF THIS JOB IS A TEACHING POSITION:	SCHOOL NAME	SUBJECT	AGE RANGE OF STUDENTS	CONTRACT END DATE

⑨-2 TEACHING EXPERIENCE Exclude information listed in Section 9-1. Include any and all experience in South Korea.

SCHOOL NAME	TITLE	STATUS	SUBJECT	AGE RANGE	COUNTRY	FROM:MM/YYYY	TO: MM/YYYY	# of Months
		Select...						
		Select...						

☐ Check this box if you have any further listings that do not fit above, and add them to the addendum on page 6.

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⑨-3 CONTACT INFORMATION FOR TEACHING EXPERIENCE **IN KOREA** (INCLUDING TaLK)

SCHOOL NAME	NAME OF MAIN CO-TEACHER / DIRECTOR	OFFICE PHONE	EMAIL

☐ Check this box if you have any further listings that do not fit above, and add them to the addendum on page 6.

⑨-4 PREVIOUS EPIK EXPERIENCE AND ORIENTATION INFORMATION

Have you ever taught in Korea through the EPIK program before? Yes ☐ No ☐

Have you ever attended an EPIK orientation? Yes ☐ No ☐

If yes to both questions, please answer the following:

Orientation Venue (City)	
Date Attended (MM/YYYY)	

⑨-5 NON-TEACHING WORK EXPERIENCE Exclude information in Section 9-1.

TITLE	EMPLOYER	COUNTRY	FROM: MM/YYYY	TO: MM/YYYY	STATUS
					Select...
					Select...

☐ Check this box if you have any further listings that do not fit above, and add them to the addendum on page 6.

⑩ SALARY LEVEL

The EPIK pay scale can be found at the EPIK website (www.epik.go.kr – "Job Description > Salary & Benefits"). Please select the pay level that you *currently* qualify for **AND** the final level for which you will qualify.

	LEVEL 3 (beginning salary level)	LEVEL 2	LEVEL 2+	LEVEL 1 (top salary level)
CURRENT QUALIFICATION				
EXPECTED QUALIFICATION				

⑪ JOINT APPLICANT OR DEPENDENTS (IF APPLICABLE)

IMPORTANT NOTE: Joint applications are restricted to married couples who are both applying to EPIK.

Name	Joint Applicant / Dependent	Relationship To You
	Select...	Select...
	Select...	Select...
	Select...	Select...

☐ Check this box if you have more than 3 dependents

⑫-1 PLACEMENT PREFERENCE

Applicants should ultimately be flexible about working anywhere in Korea. If you have a specific preference for placement, please select that location below. Final placement in that location cannot be guaranteed.

Select Your Preferred Placement Location	➢Select...

Your preferred placement location will be taken into consideration; however, final placement will ultimately be decided on a variety of factors including availability, the specific needs of the offices of education, and the discretion of the EPIK Program, etc.

⑫-2 PREFERENCE FOR A LATER START DATE

The majority of the positions are in August. Late intake positions start in September and October. Mark your preference.

-My ideal starting date is: Select...

-If you do not secure a placement this term, do you want to be notified of application for Spring 2020? Yes ☐ No ☐

⑬ ADDITIONAL PERSONAL INFORMATION

	YES	NO	IF YES, PLEASE EXPLAIN
1- Was English the language of instruction from 7th grade through university and were the schools located in one of the seven designated countries we hire from or, if not, were they accredited international schools taught primarily in English?			
2- Have you ever terminated any teaching contract?			
3- Besides standard earlobe piercings, do you have any other piercings?			
4- Do you have any tattoos? (be specific and indicate size and location)			
5- Have you ever been charged (whether convicted or dismissed) of any offense or crime? (Alcohol and substance-related offenses included)			
6- Are you a vegetarian or vegan?			
7- Would you prefer to receive the housing stipend instead of school provided housing? **Only those with current housing (under their own name) in Korea and who can provide documentation of such qualify for this option.** If yes, please provide the specific address of your residence in Korea to the right. This selection cannot be changed after submission of application.			
8- Are you applying with any other person (excluding joint applicants)? If yes, please indicate their full legal name and your relation to them to the right. NOTE: We cannot guarantee placement in the same MOE/POE.			

⑭ SELF MEDICAL ASSESSMENT

QUESTION	YES	NO	IF YES, PLEASE EXPLAIN
1- If necessary, are you prepared to undergo a medical examination to verify the answers given in this section?			
2- Do you have or have you ever had any of the following: Allergies, High Blood Pressure, Diabetes, or Hepatitis?			
3- Do you currently have or have ever had any infectious disease that threatened public health before (such as, but not limited to: Cholera, Tuberculosis, etc)?			
4- Are you currently suffering from or have suffered from depression, anxiety, or any other mental or mood disorder?			
5- Have you ever abused or been addicted to alcohol, narcotics, stimulants, hallucinogenic or any other controlled substances (legal or prohibited)?			
6- Are you taking any prescribed medications?			
7- Do you have any cognitive or mental disabilities?			
8- Do you have any visual or hearing impairment **(excluding those that are easily corrected with glasses or contacts)** or any physical disability?			
9- Have you had any serious injury or sickness in the most recent five years?			
10- Medically speaking, do you have any dietary restrictions?			
11- On average, how many alcoholic beverages do you consume per week? →			
12- Do you smoke?			

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⑮ ACKNOWLEDGMENT OF EPIK POLICIES

	CHECK
1- I understand that documents submitted to EPIK will not be returned regardless of the final outcome of the selection process.	
2- I understand that I may be expected to plan lessons in advance and lead English classes.	
3- I will notify EPIK if I decide to withdraw from the program. If I withdraw after receiving a final placement, I understand that I will be unable to reapply for 1 year and that I must return all documents from EPIK (NOA, Contract, etc).	
4- I am prepared to bring the equivalent of 1,000 USD to support my stay during the first month of my contract.	
5- I understand that the specific school location, type, grade level, and the number of schools I may be teaching at are determined by the POE/MOE and that this information will not be provided until after my arrival in Korea.	
6-I understand that my final placement may ultimately be with any office of education, and I understand that placement is not guaranteed until final acceptance by an office of education following document submission.	
7- I understand commuting times may vary and sometimes be upward of 60 minutes.	
8- I understand that as an EPIK teacher, I am not allowed to have any pets while residing in Korea.	
9- I am aware that if I break orientation rules such as bringing/drinking alcohol inside the dormitories/facilities, being truant from any scheduled activities, violating curfew, or performing conduct unbecoming of an EPIK teacher my contract will be terminated and that I will bear the costs of leaving Korea.	
10- I understand that all successful applicants must take a medical exam in Korea in accordance with the requirements of the EPIK program. If the results show that the applicant is unfit to be an EPIK teacher, all costs for entry, stay, and departure will be borne by the EPIK applicant.	
11- I understand that the orientation is mandatory for all applicants including those who have completed orientation previously. I understand that it is my responsibility to ensure that I plan accordingly so that my schedule does not conflict with my obligation to attend orientation. Failure to attend the orientation may result in the termination of my contract offer.	
12- I will immediately inform the EPIK office of any change to my health (surgery, pregnancy, injury, additional prescribed medication, etc.) or of any new tattoos or piercings that are obtained after submission of this application. I understand that this information must be shared with EPIK within 24 hours and that if I had received a placement at that time, it may be grounds for reevaluation by my POE/MOE.	
13- I will keep all tattoos covered and remove all non-standard piercings when in any educational or professional setting. I will ensure that tattoos will not be seen by any student, educator, instructor, supervisor, or other individual associated or affiliated with my educational institution or Office of Education. I will accept any consequences for the failure to do so.	
14- I will not smoke on school grounds or at any school function. I understand that I may be prohibited from smoking inside the school provided housing and will abide by the rules of the housing's landlord. I will refrain from smoking in public areas where there is a reasonable chance that I may be seen by students or co-workers.	
15- I understand that if I have any dependents that will accompany me to Korea, I am responsible for all matters concerning those dependents such as visa issuance and that EPIK does not provide any extra assistance or benefits in regards to housing considerations, etc.	
16- I give permission to the National Institute for International Education and all affiliated organizations to use the email contacts provided in this application for the purposes of communication, providing information, conducting surveys, and etc. as needed. I give authorization for photos and video of me to be taken during the orientation period and used in any promotional or educational material.	
17- I hereby authorize the English Program in Korea (EPIK) to verify the information disclosed in this application form and the documents required by EPIK as well as to collect any other information deemed necessary by EPIK to determine my suitability as an applicant from any institution, organization or individual issuing said information and/or documentation. This includes but is not limited to contacting previous employers and letter of recommendation referees.	
18- I hereby understand that all information provided to EPIK will be stored on secured servers where access will be limited to EPIK staff and its affiliates. I understand that all reasonable efforts will be made to protect confidential and sensitive information. By signing below and submitting my application, I agree to these terms.	
19- The answers I have provided throughout this application are true and correct, and I will bear full legal and financial responsibility for any errors or falsehoods contained herein. I am aware that any violation of EPIK policies, even prior to arriving in Korea, can result in termination of my contract offer.	
20- I understand that failure to uphold any of the above statements may be grounds for termination of my contract offer.	

FIRST NAME ↑	MIDDLE INITIAL ↑	LAST NAME ↑
SIGNATURE (*DIGITAL APPLICANTS MUST TYPE HERE AND SUBMIT INK SIGNATURES LATER*) ↑		DATE ↑

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Application Form Continues On Next Page

ADDENDUM

⑧-1 EDUCATIONAL BACKGROUND (Extended)

SCHOOLING	NAME OF INSTITUTION	CITY & COUNTRY	FROM:MM/YYYY	TO: MM/YYYY	YEARS AT SCHOOL
Select...					
Select...					
Select...					
Select...					

TERTIARY	NAME OF INSTITUTION	CITY & COUNTRY	FROM:MM/YYYY	TO: MM/YYYY	YEARS AT SCHOOL
TERTIARY (4)					
	DEGREE: Select...	MAJOR:		Grade: /	
		Leave next section blank if you have your diploma. If you do not, when will you receive it?			
TERTIARY (5)					
	DEGREE: Select...	MAJOR:		Grade: /	
		Leave next section blank if you have your diploma. If you do not, when will you receive it?			
TERTIARY (6)					
	DEGREE: Select...	MAJOR:		Grade: /	
		Leave next section blank if you have your diploma. If you do not, when will you receive it?			

⑨-2 TEACHING EXPERIENCE (Extended)

SCHOOL NAME	TITLE	STATUS	SUBJECT	AGE RANGE	COUNTRY	FROM:MM/YYYY	TO: MM/YYYY	# of Years
		Select...						
		Select...						
		Select...						
		Select...						

⑨- 3 CONTACT INFORMATION FOR TEACHING EXPERIENCE **IN KOREA** (INCLUDING TaLK)

SCHOOL NAME	NAME OF MAIN CO-TEACHER / DIRECTOR	OFFICE PHONE	EMAIL

⑨-5 NON-TEACHING WORK EXPERIENCE (Extended)

TITLE	EMPLOYER	COUNTRY	FROM:MM/YYYY	TO: MM/YYYY	STATUS
					Select...
					Select...
					Select...
					Select...

PERSONAL ESSAYS

※ Each response should be between 250 and 300 words

Answer both why you want to teach EFL **AND** why you want to teach in Korea.

This essay is 1 words long.

Please explain your teaching philosophy.

This essay is 1 words long.

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PERSONAL ESSAYS

Share your thoughts on encountering cultural differences.

This essay is 1 words long.

QUESTIONNAIRE

How did you learn about the EPIK Program? Select as many as applicable.

- ☐ EPIK Homepage
- ☐ EPIK e-Press
- ☐ Friend/Family
- ☐ Facebook Advertisement
- ☐ University/School
- ☐ Google Search
- ☐ TaLK Program
- ☐ Current/Previous EPIK Teacher(s)
- ☐ EFL/ESL Institute
- ☐ Recruitment Agency
- ☐ Newspaper
- ☐ Korean Consulate/Embassy
- ☐ Blogs
- ☐ Online Forum
- ☐ Youtube
- ☐ Other (write below):

_____

LESSON PLAN

Read instructions file for more information.
Fill in all boxes. Lessons should be focused on conversational English.

Grade Level : Select... **Ability Level :** Select...

# of Students : 30

Lesson Topic :

Previous Class :

Additional : Handouts

Objective : By the end of this class students will be able to

A.) Key Expressions:

B.) Key Vocabulary:

Introduction : (Time: min) **Greetings & Review** *Completely Fill The Space Provided Below*

LESSON PLAN

Development : Presentation *Completely Fill The Space Provided Below*

(Time: min)

Practice *Completely Fill The Space Provided Below*

LESSON PLAN

Production *Completely Fill The Space Provided Below*

Conclusion :
(Time: min)

Summary & Closing *Completely Fill The Space Provided Below*

Evaluation of Objectives

Next Class :