

Hanban-College Board Chinese Guest Teacher Program
Application Form for Chinese Teachers

Last Name		First Name		PHOTO
English Name (If any)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth		Date of Birth		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
English Proficiency		Other Language(s)		
Highest Degree Obtained	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctor		Major	
Graduated From			Graduation Year	
Current Position	<input type="checkbox"/> Elementary School teacher <input type="checkbox"/> Junior Middle School teacher <input type="checkbox"/> Senior Middle School Teacher <input type="checkbox"/> College teacher <input type="checkbox"/> Teacher in other school, please specify <input type="checkbox"/> Other Position, please specify			
Mandarin Level	<input type="checkbox"/> 1 A (Highest) <input type="checkbox"/> 1 B (Higher) <input type="checkbox"/> 2 A (High) <input type="checkbox"/> None			
Certificate of Teacher Qualification	Date Obtained: Type: <input type="checkbox"/> College/University <input type="checkbox"/> Secondary School <input type="checkbox"/> Primary School <input checked="" type="checkbox"/> Vocational School <input type="checkbox"/> Other School <input type="checkbox"/> None			
Certificate of English Level	Type: <input type="checkbox"/> College English Test (CET) <input type="checkbox"/> Test for English Major (TEM) <input type="checkbox"/> TOEFL <input type="checkbox"/> IELTS <input type="checkbox"/> Other <input type="checkbox"/> None Date Obtained: _____ Level/Score: _____			
Certificate of Teaching Chinese as Foreign Language	<input type="checkbox"/> Yes <input type="checkbox"/> None Date Obtained: _____ Level: _____			
Valid Passport	<input type="checkbox"/> Yes, expires on _____ <input type="checkbox"/> No		Driver's License	<input type="checkbox"/> Yes, obtained on: _____ <input type="checkbox"/> No
School Name			Work Phone:	
School Address			Postal Code:	
Does your current school have a sister school relationship with any U.S. schools?	<input type="checkbox"/> Yes, The U.S. sister school's name, city and state. <input type="checkbox"/> No			
Home Address			Postal Code:	
Home Phone			Cell Phone:	
Email Address			Fax Number:	
Emergency Contact Person	Name: Relationship:		Phone number: Address:	

Have you ever been outside of China? Yes If yes, when and where?
 No

Family Background

Relationship	Name	Profession	Place of work	City	Province	Phone #
Spouse						
Child						
Father						
Mother						
Brother(s)						
Sister(s)						

Do you have any family members and/or relatives in the United States?
 Yes. If yes, explain your relation to the person(s) and their immigration status:
 No.

Education Background (since high school)	
Work Experience	
Awards Received	

Please describe why you want to be a Chinese guest teacher in the United States (Maximum 600 words)

Employer Permission (with stamp)	Provincial Education Department Permission (with stamp)
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By signing this form, I certify that all information provided above is true and complete to the best of my knowledge. I understand that if any of this information is found to be substantially inaccurate or incomplete, my application to this program will not be considered.

Signature: _____ Date: _____

NOTE: 1. Fill in all blanks with true information; 2. Attach extra pages if necessary.