

1 LEGAL NAME ENTER YOUR NAME AS IT APPEARS ON YOUR LEGAL DOCUMENTS.

ENTER ONE LETTER PER BOX. IF YOU HAVE MULTIPLE FIRST OR LAST NAMES, LEAVE A SPACE BETWEEN THEM.

Grid for entering first name, middle initial, and last name.



2 DATE OF BIRTH ENTER YOUR DATE OF BIRTH AS IT APPEARS ON YOUR LEGAL DOCUMENTS.

Grid for entering date of birth (Month, Day, Year).

3 GENDER 4 MARITAL STATUS

Form for selecting gender (Male/Female) and marital status (Accompanied/Unaccompanied).

ANSWERS TO THE QUESTION 2, 3, AND 4 ARE NEEDED FOR PLACEMENT PURPOSES ONLY. YOUR RESPONSES TO THESE QUESTIONS WILL NOT AFFECT YOUR ELIGIBILITY.

5 PLACE OF BIRTH ENTER CITY (STATE OR PROVINCE) AND COUNTRY OF YOUR BIRTH.

Line for entering city (state/province) and country.

6 1 CITIZENSHIP ENTER THE THREE-LETTER CODE FROM THE LIST ON THE RIGHT. IF YOU ARE A CITIZEN OF ANY OTHER COUNTRY, PLEASE ENTER THE COUNTRY'S NAME ON THE LINE MARKED "OTHER".

Form for entering citizenship code and name, with a list of codes for various countries.

2 LEGAL RESIDENCY ENTER THE THREE-LETTER CODE FROM THE LIST ON THE RIGHT. IF YOU ARE A LEGAL RESIDENT OF ANY OTHER COUNTRY, PLEASE ENTER THE NAME OF THE COUNTRY ON THE LINE MARKED "OTHER".

Form for entering legal residency code and name, with a list of codes for various countries.

3 ALIEN REGISTRATION (IF APPLICABLE) ENTER THE DATE OF ISSUE OF YOUR ALIEN REGISTRATION CARD.

Grid for entering date of issue of alien registration card (Month, Day, Year).

7 CURRENT ADDRESS ENTER YOUR CURRENT CONTACT INFORMATION AT THE TIME OF APPLICATION.

Form for entering current address details: house number & street name, city, state, zip code, country, telephone, fax, and email.

8 PERMANENT ADDRESS COMPLETE THIS SECTION IF YOUR CURRENT ADDRESS IS DIFFERENT FROM YOUR PERMANENT ADDRESS OR WILL CHANGE IN THE NEAR FUTURE.

Line for entering permanent address details: house number & street name, city, state, zip code, country.

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TELEPHONE (INCLUDE AREA CODE)

FAX (INCLUDE AREA CODE)

EMAIL

EPIK

APPLICATION FORM

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9 EMERGENCY CONTACT *ENTER THE EMERGENCY CONTACT INFORMATION.*

NAME RELATIONSHIP

HOUSE NUMBER & STREET NAME CITY STATE ZIP CODE COUNTRY

10 EDUCATIONAL BACKGROUND

LIST ONLY THE FINAL INSTITUTION YOU ATTENDED FOR EACH LEVEL OF SCHOOLING. THE DATE COLUMN SHOULD INDICATE THE DATE YOUR DIPLOMA WAS ISSUED. (IF YOU HAVE NOT YET RECEIVED YOUR DIPLOMA, PLEASE WRITE THE EXPECTED DATE.)

LIST FROM PRIMARY SCHOOL UP TO YOUR HIGHEST DEGREE LEVEL. LIST ONLY THOSE DEGREES YOU CAN PROVIDE PROOF OF. YOU MUST SUBMIT YOUR ORIGINAL DIPLOMA, DEGREE, TESTAMUR (AS APPROPRIATE), AND TRANSCRIPT(S) FOR EACH OF THE INSTITUTIONS LISTED HIGHER THAN HIGH SCHOOL. IF YOU ATTENDED ANY SCHOOLS OUTSIDE OF YOUR HOME COUNTRY, PLEASE LIST THE COUNTRY IN "STATE/COUNTRY" COLUMN.

1 ELEMENTARY SCHOOL

/ / ~ /

NAME OF INSTITUTION GRADUATION DATE (mm/yy) ENROLLMENT FROM (mm/yy) TO (mm/yy) STATE/COUNTRY

2 MIDDLE SCHOOL

/ / ~ /

NAME OF INSTITUTION GRADUATION DATE (mm/yy) ENROLLMENT FROM (mm/yy) TO (mm/yy) STATE/COUNTRY

3 HIGH SCHOOL

/ / ~ /

NAME OF INSTITUTION GRADUATION DATE (mm/yy) ENROLLMENT FROM (mm/yy) TO (mm/yy) STATE/COUNTRY

4 POST SECONDARY EDUCATION (I)

/ / ~ /

NAME OF INSTITUTION GRADUATION DATE (mm/yy) ENROLLMENT FROM (mm/yy) TO (mm/yy) STATE/COUNTRY

MAJOR DEGREE

5 POST SECONDARY EDUCATION (II) *(IF APPLICABLE)*

/ / ~ /

NAME OF INSTITUTION GRADUATION DATE (mm/yy) ENROLLMENT FROM (mm/yy) TO (mm/yy) STATE/COUNTRY

MAJOR DEGREE

6 POST SECONDARY EDUCATION (III) *(IF APPLICABLE)*

/ / ~ /

NAME OF INSTITUTION GRADUATION DATE (mm/yy) ENROLLMENT FROM (mm/yy) TO (mm/yy) STATE/COUNTRY

MAJOR DEGREE

11 TEACHING RELATED CERTIFICATE① **TEACHER'S CERTIFICATE / LICENSE** *LIST UP TO TWO (IF APPLICABLE).*

/ /

DATE OF ISSUE (mm/yy) NAME OF INSTITUTION SUBJECT / TYPE EXPIRATION DATE (mm/yy)

/ /

DATE OF ISSUE (mm/yy) NAME OF INSTITUTION SUBJECT / TYPE EXPIRATION DATE (mm/yy)

② **TESOL/TEFL/CELTA or OTHER CERTIFICATE related to TEACHING ENGLISH** *LIST UP TO TWO (IF APPLICABLE).*

/

DATE OF ISSUE (mm/yy) NAME OF INSTITUTION SUBJECT / TYPE TOTAL HOURS ATTENDED FOR THE COURSE

/

DATE OF ISSUE (mm/yy) NAME OF INSTITUTION SUBJECT / TYPE TOTAL HOURS ATTENDED FOR THE COURSE

12 TEACHING EXPERIENCE *LIST FROM THE MOST RECENT FULL TIME TEACHING EXPERIENCE AT AN ACCREDITED EDUCATIONAL INSTITUTION.*

/ ~ /

FROM ~ TO (mm/yy) NAME OF INSTITUTION INSTITUTION ACCREDITED BY STATE/COUNTRY

/ ~ /

FROM ~ TO (mm/yy) NAME OF INSTITUTION INSTITUTION ACCREDITED BY STATE/COUNTRY

/ ~ /

FROM ~ TO (mm/yy) NAME OF INSTITUTION INSTITUTION ACCREDITED BY STATE/COUNTRY

/ ~ /

FROM ~ TO (mm/yy) NAME OF INSTITUTION INSTITUTION ACCREDITED BY STATE/COUNTRY

13 EMPLOYMENT HISTORY *LIST FROM THE MOST RECENT EMPLOYMENT.*

/ ~ /

FROM ~ TO (mm/yy) EMPLOYER BRIEF JOB DESCRIPTION (ALSO SPECIFY FULL TIME OR PART TIME) STATE/COUNTRY

/ ~ /

FROM ~ TO (mm/yy) EMPLOYER BRIEF JOB DESCRIPTION (ALSO SPECIFY FULL TIME OR PART TIME) STATE/COUNTRY

/ ~ /

FROM ~ TO (mm/yy) EMPLOYER BRIEF JOB DESCRIPTION (ALSO SPECIFY FULL TIME OR PART TIME) STATE/COUNTRY

/ ~ /

FROM ~ TO (mm/yy) EMPLOYER BRIEF JOB DESCRIPTION (ALSO SPECIFY FULL TIME OR PART TIME) STATE/COUNTRY

/ ~ /

FROM ~ TO (mm/yy) EMPLOYER BRIEF JOB DESCRIPTION (ALSO SPECIFY FULL TIME OR PART TIME) STATE/COUNTRY

14 APPLYING LEVEL OF EMPLOYMENT *SELECT THE LEVEL OF EMPLOYMENT YOU ARE APPLYING FOR. (MORE INFORMATION ON QUALIFICATION FOR EACH LEVEL OF EMPLOYMENT CAN BE FOUND AT EPIK GUIDE AT www.epik.go.kr.)*

1ST LEVEL

2+ LEVEL

2ND LEVEL

3RD LEVEL

15 PLACEMENT PREFERENCE *ENTER THE AREA CODE YOU PREFER TO WORK IN. (MAPS AND AREA CODE CAN BE FOUND AT EPIK WEBSITE AT www.epik.go.kr.) PLEASE BE ADVISED THAT FINAL PLACEMENT DECISION BY EPIK MAY NOT MATCH TO YOUR PREFERENCES. IF YOU DO NOT HAVE ANY PREFERENCE, LEAVE THE SPACES EMPTY.*

① 1ST PREFERENCE

POE CODE REASON

② 2ND PREFERENCE

POE CODE REASON

③ 3RD PREFERENCE

POE CODE REASON

16 DEPENDENTS *LIST ANY DEPENDENTS THAT YOU WILL BE TRAVELING WITH.*

NAME RELATIONSHIP GENDER AGE NATIONALITY

NAME RELATIONSHIP GENDER AGE NATIONALITY

NAME RELATIONSHIP GENDER AGE NATIONALITY

NAME RELATIONSHIP GENDER AGE NATIONALITY

17 JOINT APPLICATION *IF YOU ARE APPLYING FOR THE EPIK TOGETHER WITH SOMEONE WHOM YOU PREFER TO WORK WITH IN A SAME AREA, LIST THE APPLICANTS.*

NAME RELATIONSHIP GENDER AGE NATIONALITY

NAME RELATIONSHIP GENDER AGE NATIONALITY

18 INTERNATIONAL EXPERIENCES *LIST YOUR RECENT INTERNATIONAL EXPERIENCES OVER SIX MONTHS.*

/ ~ /

CITY & COUNTRY FROM ~ TO (mm/yy) PURPOSE

/ ~ /

CITY & COUNTRY FROM ~ TO (mm/yy) PURPOSE

19 SURVEY

① HAVE YOU EVER VISITED KOREA BEFORE?

NO

YES

IF YES, EXPLAIN DURATION AND PURPOSE

② HAVE YOU EVER APPLIED FOR OR HAVE PARTICIPATED IN THE EPIK BEFORE?

NO

YES

IF YES, EXPLAIN WHEN AND THE OUTCOME

③ ARE YOU CURRENTLY AN APPLICANT OF ANY OTHER TEACHING PROGRAM?

NO

YES

IF YES, PLEASE LIST

④ DO YOU HAVE ANY KNOWLEDGE OF THE KOREAN LANGUAGE?

NONE

BEGINNER

INTERMEDIATE

ADVANCED

⑤ HAVE YOU EVER BEEN FOUND GUILTY OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS?

NO

YES

IF YES, PLEASE LIST

⑥ IF YOU ARE A MALE CITIZEN OF THE REPUBLIC OF KOREA UNDER THE AGE OF 35, HAVE YOU COMPLETED YOUR MANDATORY MILITARY SERVICE OR RECEIVED AN OFFICIAL WAIVER?

NO

YES

⑦ HOW DID YOU LEARN OF EPIK?

 REFERRAL EPIK HOMEPAGE OTHER WEBSITES PRINTED MEDIA EMBASSY/CONSULATE EDUCATIONAL INSTITUTE OTHER

⑧ REFERRAL (Please write the information of the recommender)

1) Name _____ 2) Gender _____ 3) Nationality _____

4) Phone Number _____ 5) Email _____

6) Province _____ 7) Name of School _____

20 APPLICATION DOCUMENTATION *CHECK ALL YOUR ATTACHMENTS FOR THIS APPLICATION.* PERSONAL ESSAY ORIGINAL SEALED TRANSCRIPTS PERSONAL MEDICAL ASSESSMENT (SELF EVALUATION) DIPLOMAS OR DEGREE CERTIFICATIONS OFFICIAL MEDICAL REPORT SIGNED BY A PHYSICIAN TWO RECOMMENDATION LETTERS CRIMINAL RECORD CHECK BY YOUR LOCAL AUTHORITY COPY OF PASSPORT PHOTO PAGE*CHECK THE FOLLOWINGS, IF ALSO ATTACHED.* COPIES OF TEACHING RELATED CERTIFICATES COPY OF ALIEN REGISTRATION CARD PROOF OF TEACHING EXPERIENCE PROOF OF ENGLISH EDUCATION FROM GRADE 7*(APPLICANTS WITH KOREAN BACKGROUND ONLY)*

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. IF MY DOCUMENTS CONTAIN ANY KIND OF FORGERY, I WILL TAKE ANY LEGAL RESPONSIBILITY. IF I AM SELECTED AS AN EPIK PARTICIPANT, I AGREE TO ADHERE TO THE TERMS AND CONDITIONS OF THE EPIK CONTRACT.

/ /

SIGNATURE OF THE APPLICANT

DATE (mm/dd/yy)

EPIK

PERSONAL ESSAY

APPLICANT'S NAME

FIRST

LAST

MIDDLE

Medical Form (Self Evaluation)

Please provide correct information for the following questions. Any omission or false information will delay processing of your application. All applicants will be required to submit an official medical report from a practicing physician before the interview.

1 **When and for what reason did you last consult a physician?**

2 **Have you had any serious ailment, injuries or diseases in the past five years?**

Yes No If yes, please explain.

3 **Have you been hospitalized in the last two years?** Yes No If yes, please explain.

4 **Have you ever been treated by a doctor for any mental, emotional, or nervous disorder?**

Yes No If yes, please explain and attach a report from your doctor.

5 **Have you ever been addicted to any substance?** Yes No If yes, please explain.

6 **Do you have any allergies?** Yes No If yes, please list them.

7 **Are you taking any prescribed medication?** Yes No If yes, please explain why.

8 **Are you on a special diet?** Yes No If yes, please explain in detail.

9 **Have you ever suffered from depression?** Yes No If yes, please explain.

The answers I have given are true and correct to the best of my knowledge.

Applicant's signature: _____ Date: _____