Lycée franco-équatorien La Condamine Quito, Equateur



SCHOOL YEAR 2023-2024 APPLICATION FORM FOR FOREIGN TEACHER



Dischaller											—								
	Discipline :											-							
	1st	degree												Please ch here a					
	2nd degree											recent pho							
*complete one sheet per application																			
MARITAL STATUS M S																			
SURNA	AME:		•	•			•												
USUAL NAME (IF DIFFERENT):																			
USUAL FIRST NAME :																			
NATIONALITY:																			
DATE OF BIRTH: : IN																			
CURRENT ADDRESS:																			
POSTCODE:																			
CITY /	COUNTR	RY:																	
TELEP	HONE :																		
EMAIL	ADDRES	SS:																	
For no	n-Ecuado	rians																	
Do yo	ou have a	work vi	sa for	Ecuado	or:				Yes]		N	o 🗌						
Do yo	ou have a	n Ecuad	orian I	ID card	l :				Yes			N	0						
FAMIL	Y SITUA	TION		Marrie	d I		C	vil Union		Sin	ale								
Numbe	er of Child	ren:				┙,		of birth :			9.0								
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HIGHEST LEVEL DEGREES										Т	Year and place obtained								
Do you	ı have an	educatior	n degre	e ?			yes	no											
If yes, indicate which discipline :										Tier :									
Body:					Grad	e :				Year	r of gradu	uatio	n :						

SCHOOL '	YEARS IN FRE	NCH SC	HOOLS 👌	progra	m	nme frança	ais												
Dates	Job ti	tle		Establishment						Cit	у	-	Cou	ntry					
-																			
OTHER S	CHOOL YEARS			Autres	,														
Dates	Job ti	Establishment					City - Country												
LANGUAGE KNOWLEDGE (Indicate the level A1, A2, B1, B2, C1, C2)																			
French:	ench: Reading Spoken																		
Spanish :	Reading		Spoken			Written													
Other lang	uages (specify)			R			S			W									
										-									
	INFO	RMATI	ON CONC	ERNIN	G '	THE CAND	IDA	TE′S	SPOL	JSE	(IF AI	PPLIC	ABL	.E)					
Name:					S	urnar	ne :												
Usual Address of spouse (if different from candidate)																			
Road :																			
City:								Post	ost code :										
Country:				Telephone :															
Name and	d address of s	pouse's	employe	r (optio	n	al)													
Name and	address :																		
City:				Post code :															
Country:				Telephone :															
Signature and visa required from your current school principal if you a working in the AEFE network									In:										
Working in			The:																
	Applicant signature :																		
		Sheet to	PRINT a	nd retur	'n	with the re	quest	ted do	cume	nts,	BY M	<u>AIL</u>							
			to Mor	nsieur L	e	Proviseur (of Lv	cée La	a Con	dam	ine								

INCOMPLETE FILES WILL NOT BE KEPT