



SCHOOL YEAR 2025-2026

APPLICATION FORM FOR FOREIGN TEACHER



| | | |
|--------------------------|------------|--------------|
| | | Discipline : |
| <input type="checkbox"/> | 1st degree | |
| <input type="checkbox"/> | 2nd degree | |
| | | |

Please
attach here a
recent photo

*complete one sheet per application

MARITAL STATUS M S

SURNAME :

USUAL NAME (IF DIFFERENT) :

USUAL FIRST NAME :

NATIONALITY :

DATE OF BIRTH : : IN

CURRENT ADDRESS :

POSTCODE :

CITY / COUNTRY :

TELEPHONE :

EMAIL ADDRESS :

For non-Ecuadorians

Do you have a work visa for Ecuador: Yes No

Do you have an Ecuadorian ID card : Yes No

FAMILY SITUATION Married Civil Union Single

Number of Children: Year (s) of birth :

| HIGHEST LEVEL DEGREES | Year and place obtained |
|-----------------------|-------------------------|
| | |
| | |

Do you have an education degree ? yes no

If yes, indicate which discipline : Tier :

Body : Grade : Year of graduation :

SCHOOL YEARS IN FRENCH SCHOOLS *à programme français*

| Dates | Job title | Establishment | City - Country |
|-------|-----------|---------------|----------------|
| | | | |
| | | | |
| | | | |

OTHER SCHOOL YEARS*Autres*

| Dates | Job title | Establishment | City - Country |
|-------|-----------|---------------|----------------|
| | | | |
| | | | |
| | | | |

LANGUAGE KNOWLEDGE

(Indicate the level A1, A2, B1, B2, C1, C2)

| | | | | | | |
|-----------|---------|--|--------|--|---------|--|
| French : | Reading | | Spoken | | Written | |
| Spanish : | Reading | | Spoken | | Written | |

| | | | | | | |
|-----------------------------|---|--|---|--|---|--|
| Other languages (specify) : | R | | S | | W | |
|-----------------------------|---|--|---|--|---|--|

INFORMATION CONCERNING THE CANDIDATE'S SPOUSE (IF APPLICABLE)

| | |
|--------|-----------|
| Name : | Surname : |
|--------|-----------|

Usual Address of spouse (if different from candidate)

Road :

| | |
|--------|-------------|
| City : | Post code : |
|--------|-------------|

| | |
|-----------|-------------|
| Country : | Telephone : |
|-----------|-------------|

Name and address of spouse's employer (optional)

Name and address :

| | |
|--------|-------------|
| City : | Post code : |
|--------|-------------|

| | |
|-----------|-------------|
| Country : | Telephone : |
|-----------|-------------|

Signature and visa required from your current school principal if you are working in the AEFÉ network

In :

The :

Applicant signature :

Sheet to **PRINT** and return with the requested documents, **BY MAIL****to Monsieur Le Proviseur of Lycée La Condamine****INCOMPLETE FILES WILL NOT BE KEPT**