

# *Medical University of the Americas*

27 Jackson Road, Suite 302

Devens, MA 01434

Telephone: 978.862.9500 Fax: 978.862.9599

## **TEACHING FACULTY - APPLICATION FOR EMPLOYMENT**

### **PERSONAL DATA:**

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Sex

\_\_\_\_\_

Place of Birth

\_\_\_\_\_

Country of Citizenship

### **RESIDENT INFORMATION:**

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

e-mail Address (if applicable): \_\_\_\_\_

Person to Call in an Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Occupation: \_\_\_\_\_

Will your spouse be seeking employment on the island? \_\_\_\_\_

Number of children: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

How many people will join you on Nevis? \_\_\_\_\_

### **LANGUAGE PROFICIENCY:**

If English is not your primary language, please rate yourself in the following areas:

(5=excellent 4=good 3=average 2=sometimes difficulty to understand 1=poor)

Reading English \_\_\_\_\_

Speaking English \_\_\_\_\_

Listening/Understanding English: \_\_\_\_\_

Reading/Understanding English \_\_\_\_\_

Writing English \_\_\_\_\_

Would you be willing to take the Test of English as a Foreign Language? \_\_\_\_\_

If you have already taken the TOEFL, please indicate your score: \_\_\_\_\_

**TEACHING POSITION DESIRED:**

Please indicate the subject(s) you feel most qualified to teach in the Basic Science program:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

(if applicable, list any other subjects you may be qualified to teach in the medical school)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

I am applying for the following position: \_\_\_\_\_ Full-time \_\_\_\_\_ M.D. Scholarship

Pending favorable consideration, on what date will you be able to begin employment?

\_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

Have you ever been convicted of a felony? \_\_\_\_\_ Yes (provide explanation) \_\_\_\_\_ No

Have you ever been treated for: (check): \_\_\_\_\_ Mental Illness \_\_\_\_\_ Alcohol/Drug Addiction

Have you ever been terminated from a teaching position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever traveled or visited the Caribbean before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please note: you do not need to be eligible for employment in the US to work on Saba or Nevis

**EMPLOYMENT HISTORY:** (Omit if this information is already included on your c.v.)

(List current position first)

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**ACADEMIC RECORD:** (Omit if already included on your c.v.)

List all Colleges/Universities attended:	Dates	Degree
1. _____ / _____ / _____		
2. _____ / _____ / _____		
3. _____ / _____ / _____		
4. _____ / _____ / _____		
5. _____ / _____ / _____		

**ACADEMIC ACHIEVEMENTS:**  
List any scholarship distinctions or other academic achievements: (omit if included on c.v.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PUBLICATIONS:** List any published articles or literature: (omit if included on c.v.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TEACHING RECORD:** *(It is very important to our Search Committee that you complete this section so we may evaluate the extent of your teaching experience)*

Please indicate the subjects you have taught and list the type and level of instruction provided:

SUBJECTS TAUGHT	DATE	INSTITUTION	GRADE Level
_____ / _____ / _____			
_____ / _____ / _____			
_____ / _____ / _____			
_____ / _____ / _____			
_____ / _____ / _____			
_____ / _____ / _____			

*I hereby attest that all information presented above is true and current to the best of my knowledge, and providing inaccurate or false information could result in termination of my teaching contract.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please return this application along with one passport size photograph to the address listed on the front page. Your application for employment cannot be considered without this completed form.*