



**Millersville University**

OFFICE OF INTERNATIONAL  
PROGRAMS AND SERVICES

English Language Institute

**INSTRUCTOR  
APPLICATION**

This form is to be used to apply as an instructor for Millersville University's English Language Institute. Please submit application materials to: [English.Language.Institute@Millersville.edu](mailto:English.Language.Institute@Millersville.edu) or fax (717) 871-7956 or send a physical copy to English Language Institute c/o Office of International Programs and Services, Millersville University, P.O. Box 1002, Millersville, PA 17551.

First Name, Middle Initial	Last Name	Telephone	Email
Address, Apartment/Unit #		City	State, ZIP Code
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security Number
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ _____			

**EDUCATION**

College/Institution		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
College/Institution		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
Other		Address	
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree

**EMPLOYMENT**

Have you ever worked for Millersville University before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Organization		Phone/Contact
Address		Supervisor Name
Job Title and Responsibilities _____ _____ _____		
From	To	May we contact your previous supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Leaving		
Organization	Phone/Contact	
Address	Supervisor Name	
Job Title and Responsibilities		
<hr/> <hr/> <hr/>		
From	To	May we contact your previous supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		
Organization	Phone/Contact	
Address	Supervisor Name	
Job Title and Responsibilities		
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From	To	May we contact your previous supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		

<b>PROFESSIONAL EXPERIENCE</b>
Listing of Previous Courses Taught
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Other Professional Experience, Development, Accomplishments, and Certifications

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REFERENCES		
Full Name	Relationship	Phone
Organization	Address	
Full Name	Relationship	Phone
Organization	Address	
Full Name	Relationship	Phone
Organization	Address	

SCHEDULE OF AVAILABILITY				
In which upcoming semesters would you be able to teach one or more courses?				
<input type="checkbox"/> Fall (F) – End of August - December		<input type="checkbox"/> Spring (SP) – January - May		<input type="checkbox"/> Summer (SU) – May - August
Please write the time range of your hours of availability, Monday – Friday from 8:00 a.m. to 5:00 p.m.				
Monday	Tuesday	Wednesday	Thursday	Friday

READ THE STATEMENT BELOW AND SIGN	
<ul style="list-style-type: none"> <li>▪ I certify that my answers provided on this application are true and complete to the best of my knowledge.</li> <li>▪ Millersville University is an Equal Opportunity/Affirmative Action institution.</li> <li>▪ Millersville University does not discriminate on the basis of race or ethnicity; gender; sexual orientation, gender identity, gender expression; campus status (i.e., student, faculty, or staff); marital status; pregnancy; age; religion or belief system; disability; national background or origin; or veteran status in admission or access to, or treatment of employment in, its programs and activities.</li> <li>▪ If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</li> </ul>	
_____ Signature	_____ Date (mm/dd,yyyy)