

EMPLOYMENT APPLICATION FORM 1



FOR OFFICE USE

NO.: SUBMITTED ON/...../.....

RECEIVED BY

ACADEMIC YEAR APPLIED FOR

PLEASE AFFIX A
RECENT PASSPORT-
SIZED COLOUR
PHOTO

TO BE FILLED IN BY THE APPLICANT

NAME OF APPLICANT	
DEPARTMENT	<input type="checkbox"/> PRIMARY YEARS <input type="checkbox"/> MIDDLE YEARS <input type="checkbox"/> ADMINISTRATION
POST APPLIED FOR	

EXAMPLE: MATHEMATICS TEACHER / ENGLISH TEACHER / LIBRARIAN / OFFICE MANAGER

GENERAL INSTRUCTIONS

- Please complete the form in your own handwriting. Incomplete forms will not be processed.
- Please attach photocopies of certificates with this form, not originals.
- Please attach a separate sheet of paper if the input area is not sufficient. Use the same format. Please provide evidence of each claim, you have disclosed here, in the interview.
- Please note that incorrect information will be a breach of trust and will call for summary rejection of your application or appointment.
- Acceptance of this application form does not imply an appointment.
- The decision of the selection committee will be final.

CHECKLIST OF DOCUMENTS ATTACHED. TICK [✓] ATTACHED ITEMS.

- Graduation/Post-graduation certificate or provisional memo
- Bachelor of Education certificate or provisional memo (preferred not compulsory)
- Evidence of work experience if any (e.g. service certificates)
- Evidence of present/last salary drawn (e.g. salary certificate, pay slip, etc.)
- Reference letters from two individuals, one of whom has supervised you in your present/last job.

DECLARATION: ALL THE INFORMATION THAT I PROVIDED IN THE APPLICATION FORM IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IF ANY INFORMATION IS FOUND TO BE INCORRECT / UNTRUE, IT WILL RESULT IN THE SUMMARY CANCELLATION OF MY APPOINTMENT.

DATE	PLACE	SIGNATURE

1. PERSONAL INFORMATION

1.1

			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME (IN BLOCK LETTERS)			
		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	
DATE OF BIRTH (DD / MM / YYYY)	AGE	MARITAL STATUS	NO. OF CHILDREN
PLACE OF BIRTH		NATIONALITY	
PERMANENT CONTACT ADDRESS WITH PIN CODE		PRESENT CONTACT ADDRESS WITH PIN CODE	
LANDLINE	MOBILE	EMAIL	

1.2

FAMILY MEMBERS' NAMES	RELATION TO THE APPLICANT	AGE (YEARS)	OCCUPATION

TICK HERE IF YOU ARE RELATED IN ANY WAY TO ANY STAFF MEMBER OF THE SCHOOL: NAME:.....RELATION.....

1.3

LANGUAGES KNOWN	TICK YOUR MOTHER TONGUE	CAN SPEAK	CAN READ	CAN WRITE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PROFESSIONAL DETAILS

2.1	EDUCATIONAL QUALIFICATION	BOARD/UNIVERSITY	COURSE / DISCIPLINE	YEAR OF PASSING	PERCENT SCORE
	HIGH SCHOOL / 10				
	INTERMEDIATE / 10+2				
	GRADUATION				
	POST GRADUATION				
ADDITIONAL QUALIFICATIONS LIKE PPTTC, B.ED, M.ED, ETC.					

2.2	INSTITUTIONS WORKED FOR (LATEST FIRST)	FROM (MONTH-YEAR)	TO (MONTH-YEAR)	DESIGNATION	DUTIES (e.g. classes and subjects taught)
TOTAL WORK EXPERIENCE (YEARS-MONTHS)					

PLEASE PROVIDE REFERENCES, ONE OF WHOM HAS SUPERVISED YOU IN YOUR PRESENT/LAST JOB. *REQUIRED COMPULSORILY*

2.3	NAME OF SUPERVISOR/REFERENCE	INSTITUTION	DESIGNATION	TEL. NO. & EMAIL

2.4	LAST / PRESENT GROSS SALARY PER MONTH	BASIC	ALLOWANCES	OTHER BENEFITS
	Rs. .00	Rs. .00	Rs. .00	

2.5	WHAT IS YOUR SALARY EXPECTATION (PER MONTH)?	Rs.	.00
JUSTIFICATION:			

2.6	WHY DID YOU LEAVE YOUR LAST JOB? OR WHY WOULD YOU CHANGE YOUR PRESENT EMPLOYER?
-----	---

3. PORTFOLIO OF ACHIEVEMENTS

3.1	SCHOLARSHIPS / AWARDS / HONOURS CONFERRED ON YOU	REASON FOR AWARD	CONFERRING INSTITUTION	YEAR - MONTH

3.2	SEMINARS / WORKSHOPS / PROFESSIONAL DEVELOPMENT COURSES IN WHICH YOU HAVE PARTICIPATED	YOUR ROLE	ORGANIZING INSTITUTION	YEAR - MONTH

3.3	ARTICLE, RESEARCH PAPER, BOOK AUTHORED BY YOU	TYPE OF MEDIA IN WHICH IT WAS PUBLISHED	PUBLISHER	YEAR - MONTH

3.4	FINE / PERFORMING ART THAT YOU HAVE LEARNED	WHAT LEVEL OF ARTIST ARE YOU? (CASUAL, REGULAR, SERIOUS)	ACADEMY THAT TRAINED YOU

3.5	SPORTS / OUTDOOR / INDOOR GAMES YOU PLAY	WHAT LEVEL OF PLAYER ARE YOU? (CASUAL, REGULAR, SERIOUS)	ACADEMY THAT TRAINED YOU

3.6	WHAT DO YOU READ?	LEVEL OF INTEREST (CASUAL, REGULAR, SERIOUS)	TITLES

3.7	INTERESTS / HOBBIES	LEVEL OF INTEREST (CASUAL, REGULAR, SERIOUS)	NOTABLE ACHIEVEMENT

3.8	FOREIGN COUNTRIES TO WHICH YOU HAVE TRAVELLED	REASON FOR TRAVEL	YEAR - DURATION OF STAY

4. HEALTH INFORMATION

4.1	DO YOU SUFFER FROM ANY MAJOR AILMENT / MEDICAL PROBLEM? IF YES, PLEASE PROVIDE BRIEF MEDICAL HISTORY AND PRECAUTIONS YOU OBSERVE?	
	AILMENT:	PRECAUTIONS:

4.2	DO YOU FORESEE ANY LIFE EVENTS IN YOUR FAMILY THAT COULD AFFECT YOUR SERVICE TO THE SCHOOL? (e.g. marriage, divorce, pregnancy, emigration visa, relocation, disapproval of spouse or in-laws, etc.)
	ISSUE: