

## EMPLOYMENT APPLICATION FORM

Note: - Please complete all sections of this form in full.- This application and all details furnished hereunder will be treated as confidential.

			PERSON	AL DATA						
Date of Application	Position appl	Position applied for					Hire Date			
	Full Name				Marital Status  ☐ Single					
	Present Address						- Married			
	Home Phone Hand Phone									
Your Picture	Permanent A		S			Nationality				
	ID # (KTP):			Email:						
Place & date of birth	ID    (KII ).					Religion	Gender			
How did you know / bo	oar about Dukit C	ion Co	hool?							
How did you know / he	ai abuul dukil 3	1011 30	11001?							
Hobbies, interests, spa	are-time activities	6								
FOR EXPATRIATE APPLICANTS ONLY										
Current Visa E status	Expiration date	Home	country add	dress		Home country Phone	Contact person			
Status					THOTO					
		EDU	CATIONAL	BACKGRO	OUND					
Names and locations	Dates	Dates attended Degree/ Diploma					Mala Caldad			
of Institutions attended	From	From		Certificate Obtained		Division	Major Subject			
			To Obtained							
LANGUAGES: Name		ou und			ur level					
Language	Speaking	Speaking Rea		ding		Writing	Understanding			



PROFESSIONAL EXPERIENCE										
Please describe every position which you have held. Start with present or last position held and work back to the first. Also account for all periods of unemployment and state reasons.										
Da	ate	Name and address of employer			Position held	Reason for leav		Take		
From	To					1 Osition field	Reason for leav	Hom	e Pay	
Total y	ears of cl	assroom te	aching	experience	<del></del>	<u> </u>				
Early C	hildhood	Pre Prim	,	Lower Prin	•	Upper Primary	Lower/Upper High		Other	
	years	· · · · · · · · · · · · · · · · · · ·	years		years	years	year	S _		years
Do you have an ESL degree or certificate?										
Type of degree of certificate: Institution: Year:  Please describe your teaching experience.										
Please	describe :	vourself vou	ır nhilosi	onhy and w	hv vou w	ould like to work in e	ducation field			
1 icasc	ucocribe .	yoursen, you	ii pillios	opily and w	ny you w	odia like to work in e	addation neid.			
Computer Skills Office Word Office Excel Office Powerpoint Expected Monthly Take Home Pay										
Any oth	Any other special skills									
□ Negotiable □ Non-Negotiable										
Preference of employment status Full time										
Part time (preferred working hours: until)										
Internat	ional Trav	<u>el Experien</u>	ce	Duration						
	Country		Duration Purpose							
				L						
						<u> </u>				

Have you ever been dismiss If Yes, by whom, when and w		] Yes	□No					
Have you ever applied to or If Yes, where, when and last		] Yes	□No					
Have you any relative or friend working for this school or its associates?  Yes  No If Yes, state name and position:						□No		
May we approach your present employer? Yes No No, pls give reason:								
Please give the names of professional reference for you	three professional persons wl	ho hav	e work	ed with you	and are	qualified to give a		
Name	Company		Pos	ition	Telp. & E-mail			
	FAMILY AND F	RELAT	IVES					
Particulars of Wife/ Husbar	nd (if married) / Father and M	lother						
Name	Addre	SS			F	Relationship		
Darticulars of Children								
Particulars of Children  Name Address 0					Gender	Date of birth		
rvanic	ridare			Geriaei	Date of birtin			
	MEDICAL H	IISTOR	Υ					
		YES	NO		EXPLAN	IATION		
(a) Have you ever had any s illness(es) or injuries?								
(b) Have you ever had any o a physician to have an opera								
(c) Have you ever been a patient in a mental hospital or treated by a psychiatrist?								



(d) Do you currently take medical condition or do you r device?	equire the use of a medical							
ALLERGIES								
Allergy	Reaction Medication Required (if any)							
Do you have asthma?    Yes    No								
Do you have diabetes?    Yes    No								
Do you have tuberculosis?    Yes    No								
■ Do you have a history of high blood pressure?    □ Yes    □ No								
■ Do you have any problems with your eyes or vision?    □ Yes □ No								
Do you have any problems with your hearing?								
Are you pregnant?								
Do you have any bone, joint, or muscle problems?  Yes  No								
Do you have any other medical issues?								
Do you smoke?    Yes    No								
DECLARATION								
I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application.								
I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure.								
Place and date: Signature:								