

APPLICATION FORM



POST APPLIED FOR

Full Name (in Block Letters)

Date of Birth : Day Month Year

Address (Present)

Tel. Mob. E-mail

(Permanent)

Tel. Mob. E-mail

Sex (M/F)

Nationality

Marital Status : Single Married Divorced Widowed

No. of Children (if any) Their respective ages

Names of their School

Name of Father/Mother/Spouse

Occupation of Father/Mother/Spouse

Address

Tel. Mob. E-mail

HEALTH:

(1) Are you physically handicapped in any way? Yes No

If yes, please list handicap (s)

(2) Any recent illnesses or operations?

(3) Name, address and telephone number of the person to be notified in case of emergency.

EDUCATION:

Name of Degree/Certificate Course	Name of Institution	Name of Board/University	Subjects	Year of passing	Grade/ % of Marks	Special Achievement

COMPUTER LITERACY

Course (s) Completed	Name of Institution	Software/Languages Exposure	Year of Passing

ART/CRAFT/OTHER SKILLS:

Do you have training/experience/proficiency in any of the following areas? (Pl tick relevant box & give details)

Music	<input type="checkbox"/>	<input type="text"/>
Dance	<input type="checkbox"/>	<input type="text"/>
Handicrafts	<input type="checkbox"/>	<input type="text"/>
Painting	<input type="checkbox"/>	<input type="text"/>
Dramatics	<input type="checkbox"/>	<input type="text"/>
Photography	<input type="checkbox"/>	<input type="text"/>
Languages (Indian/Foreign)	<input type="checkbox"/>	<input type="text"/>

Besides teaching, which of the following school activities would you like to be associated with? (Please tick)

<input type="checkbox"/> Horticulture	<input type="checkbox"/> First Aid	<input type="checkbox"/> N.C.C	<input type="checkbox"/> Counselling
<input type="checkbox"/> Social Service	<input type="checkbox"/> Sports & Games	<input type="checkbox"/> Scouts & Guides	<input type="checkbox"/> Any other (Specify)
<input type="checkbox"/> Cultural Programmes	<input type="checkbox"/> Picnics & Excursions	<input type="checkbox"/> School Magazine	<input type="text"/>

What languages (other than English) do you speak?

YOUR PERCEPTIONS:

Answer the following questions in not more than 20 words.

1. What expectations do parents have from their child's school?

2. What are the qualities the schools of today must have?

3. In what ways can schools improve their educational environment?

4. Why did you choose teaching / education as a career?

WORK HISTORY:

Beginning with the most recent, list the names and addresses of all your employers: a) Name of the institution/organization b) Address and telephone no.	Position	Time employed		Salary	
		From (Month/Year)	To (Month/Year)	Starting	Leaving
a) b)					
a) b)					
a) b)					
a) b)					
a) b)					

Is there any legal case pending against you?

WORK PREFERENCES

Give details of two references (other than relatives) in the field of education.

Name	Occupation	Address	Contact No(s).

I hereby certify that the information provided above is true to the best of my knowledge and belief. If any information is found to be false/incorrect, it will disqualify me for employment at Maxfort School.

Date

Place

Signature