



EMPLOYMENT APPLICATION

1. GENERAL INFORMATION

a. Name _____ CNIC # _____

b. Address _____

c. Tel: (HOME) _____ (MOBILE) : _____

d. Date of Birth (dd/mm/yyyy): _____

e. Marital Status: [] SINGLE [] MARRIED [] DIVORCED [] WIDOW

If Married state number of dependents age wise : _____

f. How do you came to know about us:

Newspaper [] Website [] facebook [] Walkin [] Other []

• Position desired:

[] ADMINISTRATOR

[] ASSISTANT TEACHER

[] PRINCIPAL

[] INTERN* _____

[] DIRECTRESS/LEAD TEACHER

[] OTHER

• Expected Salary _____

2. ACADEMICS

• Educational Background

SCHOOL _____ CERTIFICATE _____ DATE _____

COLLEGE _____ DEGREE _____ DATE _____

UNIVERSITY _____ DEGREE _____ DATE _____

Do you hold a Montessori teaching certificate? _____ If yes, please list training institute and date: (Such as AMI or LMI or other)

• *Intern must specify how long they intend to work.*

Please turn over



Languages	Ability to read			Ability to write			Ability to speak		
	Very good	Good	Weak	Very good	Good	Weak	Very good	Good	Weak
English									
Urdu									

Do you plan to continue your education further? _____

3. EXPERIENCE

Start with most recent employer- These people may be contact by us-

If more spaces are needed, please use additional plain sheet.

(I)

EMPLOYER _____ CONTACT PERSON _____

ADDRESS _____ TEL _____

POSITION _____ SALARY _____

RESPONSIBILITIES _____

REASON FOR LEAVING _____ DATE OF EMPLOYMENT _____

(II)

EMPLOYER _____ CONTACT PERSON _____

ADDRESS _____ TEL _____

POSITION _____ SALARY _____

RESPONSIBILITIES _____

REASON FOR LEAVING _____ DATE OF EMPLOYMENT _____

4. TRAINING AND OTHER INFORMATION

• Have you completed First Aid course? _____

• On what date are you available to begin work? _____

• How would you manage to come to Montessori ?

[] Public Transport [] Private Transport [] Owned [] Other _____

• Do you have any sibling or relative presently enrolled in our montessori? [YES] [NO]

- Have you ever applied before? [YES] [NO]

If yes when _____

5. HEALTH AFFIDAVIT

- Do you have any mental or physiological disorder? _____

- Do you have any physical disability? _____

- Are you suffering from any communicable disease? _____

Affix
1.5" X 1.5"
Colour photograph
In white background

Enclosed: [] Resume' [] CNIC Copy [] Photograph

Thank you for completing this employment application

SIGN: _____

DATE: _____