



Job Application Form 2010–2011

FOR: a native English speaker for a full time teaching position (27 hours) in the bilingual section (French/English) of the Kindergarten (3/4/5 years old students)

The requested branch: Oud Metha Sharjah

SURNAME: _____

MAIDEN NAME: _____

NAME: _____

DATE OF BIRTH: _____

NATIONALITY: _____

SOCIAL INSURANCE NUMBER: _ / _ / _ / _ / _ / _ / _ / _ (for French only).

VISA FOR THE EMIRATES:

RESIDENCE

VISIT

TRANSIT

MARITAL STATUS :

Married

Separated

Divorced

Widowed

Single

NUMBER OF CHILDREN: _____ AGE: _____

CLASS AT THE START OF THE SCHOOL YEAR 2010: _____

Photo récente
obligatoire

PERMANENT ADDRESS : _____

TELEPHONE : _____ MOBILE : _____

EMAIL : _____

SPOUSE NAME AND SURNAME: _____

SPOUSE OCCUPATION: _____

EMPLOYER'S NAME AND ADDRESS: _____

TELEPHONE: _____ MOBILE: _____

EMAIL: _____

Language Skills	Please indicate the language(s) in which you are proficient
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Language
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(fill appropriate box in black)	Spoken		Written	
	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Basic
	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Intermediate
	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Fluent

Language
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(fill appropriate box in black)	Spoken		Written	
	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Basic
	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Intermediate
	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Fluent

Language
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(fill appropriate box in black)	Spoken		Written	
	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Basic
	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Intermediate
	<input type="checkbox"/>	Fluent	<input type="checkbox"/>	Fluent

References	Please give details of referees, one of whom must be your present (or most recent) employer and one other, who should not be a relative. If short-listed, references will be contacted prior to interview.
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Reference 1: Name	
Job Title / Relationship	
Contact Address (including post code)	
Telephone Number	
Fax Number	
E-mail address	

Reference 2: Name	
Job Title / Relationship	
Contact Address (including post code)	
Telephone Number	
Fax Number	
E-mail address	

Present (or most recent) Employment

Employer	
Post title	
Appointment from / to	
Salary (including Allowances)	
Notice period	

Brief outline of main responsibilities and achievements Please identify any promotions within this post (including job titles and dates to and from)	
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Previous Employment *Continue under 'Additional Information' section if more space required*

Employer	
Post title	
Appointment from / to	
Reason for leaving	

Employer	
Post title	
Appointment from / to	
Reason for leaving	

Employer	
Post title	
Appointment from / to	
Reason for leaving	

Employer	
Post title	
Appointment from / to	
Reason for leaving	

Employer	
Post title	
Appointment from / to	
Reason for leaving	

Total years/months teaching (Teachers only)	
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DIPLOMAS	DATES

TRAINING COURSE	DATES

OTHER ACTIVITIES	DATES

**Si vous êtes TITULAIRE de l'Education Nationale Française
If you are a CIVIL SERVANT of the Ministry of the French Education**

Enseignement Public

Enseignement Privé

(joindre les justificatifs correspondant à toutes les rubriques)

DATE DE LA TITULARISATION : _____

GRADE DANS L'EDUCATION NATIONALE : _____

DISCIPLINE : _____

ECHELON : _____ depuis le : _____

NOTE PEDAGOGIQUE : _____ date : _____

NOTE ADMINISTRATIVE : _____ date : _____

POSITION ADMINISTRATIVE ACTUELLE *(cocher la case correspondant à votre situation)* :

Activité

Détachement

Disponibilité

Reasons for Application and Suitability

Before completing this section, you should read the job description and person specification.
Please give the reasons for applying for this post and outline how your skills, knowledge and experience match our requirements and will enable you to undertake this role effectively.

Where did you see this job advertised? (fill appropriate box in black)	<input type="checkbox"/>	Local Press	<input type="checkbox"/>	Website
	<input type="checkbox"/>	Specialist magazine	<input type="checkbox"/>	Internal Noticeboard
	<input type="checkbox"/>	Job Centre	<input type="checkbox"/>	Other (please specify below)
	<input type="checkbox"/>	Via a friend/colleague		

By submitting this application I hereby declare that to the best of my knowledge and belief, all information contained is true and accurate. I understand that any false declaration or misleading statement or any significant omission will invalidate my application and if employed render me liable to dismissal.

Signed		Date	
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Submitting your application
If you encounter any problems please contact: 00 971 4 326 00 26

**TOUS LES DOSSIERS DOIVENT ETRE DEPOSES AU SECRETARIAT DU LYCEE A ACADEMIC CITY,
OU ENVOYES PAR MAIL administration@lgp.ae
OU PAR FAX AU 04 326 00 27.**

Documents to be joined to the form

- copies of your qualifications (for Teachers this will include degree and teaching qualification certificates)
- copy of your passport and residence visa
- Curriculum vitae
- any document useful for the form