



The International School Of Choueifat - Manama

Application Form for an Administrative Position

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Member of the
SABIS[®]
SCHOOL NETWORK

Application Form for an Administrative Position

Personal Information

_____	_____	_____	_____	_____	_____
Last Name	First Name	Middle Name	Maiden Name	Gender	Title (Mr, Mrs, Ms, Dr)
_____	_____	_____	_____	_____	_____
Date of Birth	Place of Birth	Nationality	Marital Status	Dependent Children (Pls state ages)	

Present Address:

Tel: <i>(with full dialing codes)</i>	Fax: <i>(with full dialing codes)</i>	E-mail: _____@
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Permanent Address in Home Country *(fill only if different than the address above)*

Tel: <i>(with full dialing codes)</i>	Fax: <i>(with full dialing codes)</i>	E-mail: _____@
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Emergency Contact

Name:	Tel: <i>(with full dialing codes)</i>
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Address:

Relationship:

Education & Qualifications *(Start with most recent & include details of study in progress, giving expected completion date)*

A) University (or College)		Degree Attained		
From mm/yy	To mm/yy	Name & Location	Emphasis	Class of Degree <small>(BA, BSc, MA, MSc, TS, BT)</small>

Education & Qualifications continued

B) Secondary School (s)	Degree Attained
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From mm/yy	To mm/yy	Name and Location	Level	Emphasis	Mark

Languages: *(Classify your degree of fluency as weak, competent, or fluent)*

Language	Spoken Ability	Written Ability	Reading Ability

Dependent Children

Name of the Child	Age	Occupation	Name & Address of the Institution

Spouse Information

Name of Spouse	Age	Occupation	Name & Address of the Institution

Other Dependents *(please specify)*

Name of the Dependent	Age	Relationship

Details Of Current Post if working in an academic institute:

Please list all present and past employers for whom you have worked during the past 10 years, these should normally include the persons who have had chief responsibility for evaluating your past performance. If you have held more than one position in your current school, list previous titles below:

Name Of the School: _____ Location: _____ Position held: _____

Dates Of Employment:

From (mo./yr.) _____ To: (mo./yr.) _____

Employer's Name: _____ Position: _____ Department: _____

Total No. Of Students enrolled: _____ Indicate the percentage of host country nationals: % _____

International Curriculum provided by the school: _____

In your present role, do you supervise staff, YES/NO? If yes, how many? _____

List main areas of responsibility: _____

Final Salary: _____ Reason for Leaving: _____

Details of Previous Posts:

(Please record details of employment, teaching or otherwise, beginning with the current/most recent position. Vacation work should be included, if appropriate).

1 Employer _____ **2** Employer _____ **3** Employer _____

Address _____ Address _____ Address _____

Job Title _____ Job Title _____ Job Title _____

Supervisor's Name/Telephone Number _____ Supervisor's Name/Telephone Number _____ Supervisor's Name/Telephone Number _____

No. Supervised by You _____ No. Supervised by You _____ No. Supervised by You _____

Starting Salary \$ _____ per _____ Starting Salary \$ _____ per _____ Starting Salary \$ _____ per _____

Ending Salary \$ _____ per _____ Ending Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Date Employed (mo/yr) _____ Date Employed (mo/yr) _____ Date Employed (mo/yr) _____

Date Separated (mo/yr) _____ Date Separated (mo/yr) _____ Date Separated (mo/yr) _____

Reason for Leaving _____ Reason for Leaving _____ Reason for Leaving _____

Duties (List order of importance in job) _____ Duties (List order of importance in job) _____ Duties (List order of importance in job) _____

4 Employer _____

Address _____

Job Title _____

Supervisor's Name/Telephone Number _____

No. Supervised by You _____

Starting Salary \$ _____ per _____

AA/HR Dept/March 2005
Ending Salary \$ _____ per _____

Date Employed (mo/yr) _____

Date Separated (mo/yr) _____

5 Employer	6 Employer
Additional Qualifications or Skills <i>(Job related skills, training, certificates, etc...)</i>	
Address _____	Address _____
_____	_____
Job Title _____	Job Title _____
_____	_____
Supervisor's Name/Telephone Number _____	Supervisor's Name/Telephone Number _____
_____	_____
No. Supervised by You _____	No. Supervised by You _____
Starting Salary \$ _____ per _____	Starting Salary \$ _____ per _____
Ending Salary \$ _____ per _____	Ending Salary \$ _____ per _____
Date Employed (mo/yr) _____	Date Employed (mo/yr) _____
Date Separated (mo/yr) _____	Date Separated (mo/yr) _____
Reason for Leaving _____	Reason for Leaving _____
_____	_____
Duties (List order of importance in job) _____	Duties (List order of importance in job) _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*** How did you hear about us (SABIS®)?**

- | | |
|--|--|
| <input type="checkbox"/> Local Advertisement <i>(Please Specify)</i> _____

<input type="checkbox"/> International Advertisement <i>(Please Specify)</i> _____ | <input type="checkbox"/> SABIS CAREERS

<input type="checkbox"/> A Job Fair <i>(Please specify where & when):</i> _____
<input type="checkbox"/> Others <i>(Please specify):</i> _____ |
|--|--|

Additional Information <i>(Please record below any additional information you wish to give in support of your application):</i>

REFEREES:

*** Do we have your permission to contact your present employer for a recommendation? YES NO**

Referees/References					
<small>Please give the full contact details of three professional referees. Referees should not include friends, relatives, or colleagues. One of them should be your present/most recent employer</small>					
Present/ Most Recent Employer		Second Referee/Reference		Third Referee/Reference	
Name:	Title:	Name:	Title:	Name:	Title:

Name:	Title:	Name:	Title:	Name:	Title:
Work Address:		Work Address:		Work Address:	
Occupation:		Occupation:		Occupation:	
Tel: (With full dialing codes)		Tel: (With full dialing codes)		Tel: (With full dialing codes)	
Fax: (with full dialing codes)		Fax: (with full dialing codes)		Fax: (with full dialing codes)	
E-mail: @		E-mail: @		E-mail: @	

The SABIS® School Network consists of Member and Associate Member schools that operate worldwide. Each school is a separate financial and administrative entity; however, all Member and Associate Member schools implement the SABIS® Educational System.

Listed below are the countries, excluding the U.S.A., where schools in the network are located. Please put “1”, “2” and “3” beside the countries of your first, second and third preferred locations of employment. (If answering an ad., “1” is put beside the country of the advertising school). Should the school of your first choice be unable to accommodate your application, your details will be forwarded on, in the order of your stated preference.

<input type="checkbox"/>	Lebanon	<input type="checkbox"/>	Saudi Arabia	<input type="checkbox"/>	Oman	<input type="checkbox"/>	Pakistan
<input type="checkbox"/>	Syria	<input type="checkbox"/>	Qatar	<input type="checkbox"/>	Bahrain	<input type="checkbox"/>	Germany
<input type="checkbox"/>	Jordan	<input type="checkbox"/>	United Arab Emirates	<input type="checkbox"/>	Egypt	<input type="checkbox"/>	

If you have worked for, or applied to, a school in the SABIS School Network, please state which school, where and when:					
Date		Applied Before <input type="checkbox"/> YES <input type="checkbox"/> NO		Worked Before <input type="checkbox"/> YES <input type="checkbox"/> NO	
From mm/yy	To mm/yy	School Name & Country	Outcome	School Name & Country	Reason for Leaving

Declaration	
<p>If any of the details on this Application Form are found to be false within my knowledge, or if there is any knowing omission or suppression of material fact I understand I will, if appointed be liable for dismissal.</p> <p>I confirm that all information given on this form is correct to the best of my knowledge, that all question relating to me have been accurately and fully answered and that I am in possession of the certificate, which I claim to hold.</p>	
Signature:	Date: / / (day) (month) (year)

Thank you for your time and interest.

ONLY THOSE APPLICANTS WHO ARE SHORT-LISTED BY A SCHOOL FOR A PERSONAL INTERVIEW WILL BE CONTACTED AGAIN.



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Applicant's Health Record

Name: _____ Birth Date: _____
Height: _____ Weight: _____

Have you suffered or do you suffer from any of the following?

Hepatitis _____ Epilepsy _____
HIV _____ Tuberculosis _____
Meningitis _____

Any nervous or psychological problems _____

Any other long term illness _____

Are you color blind? YES NO

Are you on any permanent medication or drug, or have you ever been on any long term one? _____

If yes, then what? _____

Have you had any major accident? _____ **Please explain** _____

Have you ever been hospitalized? _____ **Please explain** _____

Do you have any disability? _____ **Please explain** _____

Declaration

I confirm that all information given on this form is correct to the best of my knowledge, that all questions relating to me have been accurately and fully answered and that I am in possession of this certificate, which I claim to hold.

Signature: Date: / /
(day) (month) (year)