



Photo

The International School Of Choueifat - Manama

Application Form & Questionnaire for an Academic Position

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Member of the
SABIS[®]
SCHOOL NETWORK

Application Form for an Academic 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: <small>(with full dialing codes)</small>		Fax: <small>(with full dialing codes)</small>		E-mail: @	
Permanent Address in Home Country: <small>(Fill only if different than the address above)</small>					
Tel: <small>(with full dialing codes)</small>		Fax: <small>(with full dialing codes)</small>		E-mail: @	
Emergency Contact					
Name:				Tel: <small>(with full dialing codes)</small>	
Relationship:					
Address:					
Education & Qualifications <small>(Start with the most recent & include details of studying progress, giving expected completion date)</small>					
A) University (or College)			Degree Attained		
From mm/yy	To mm/yy	Name and Location	Emphasis	Class of Degree <small>(BA, BSc, MA, MSc, TS, BT)</small>	

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

Details of Previous Posts:						
From mm/yy	To mm/yy	Name of the Organization & Location	Job Title	Main Responsibilities	Reason For leaving	Salary
A) Academic Experience <i>(if teaching, please specify subjects & classes)</i>						

B) Non-Academic Experience						

Languages: <i>(Classify your degree of fluency as weak, competent or fluent)</i>			
Language	Spoken Ability	Written Ability	Reading Ability

Other Certificates or Training Programs			
Duration	Place	Certificate Obtained	Subject (s)

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 <i>(Please Specify)</i>		
Name of the Dependent	Age	Relationship

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

- | | |
|---|---|
| <input type="checkbox"/> Local Advertisement <i>(Please Specify)</i> _____ | <input type="checkbox"/> SABIS CAREERS |
| <input type="checkbox"/> International Advertisement <i>(Please Specify)</i> _____ | <input type="checkbox"/> A Job Fair <i>(When & Where):</i> _____ |
| | <input type="checkbox"/> Others <i>(Please Specify)</i> _____ |

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

Referees/References		
<i>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</i>		
Present/ Most Recent Employer	Second Referee/Reference	Third Referee/Reference
Name: _____ Title: _____	Name: _____ Title: _____	Name: _____ Title: _____
Work Address: _____	Work Address: _____	Work Address: _____
Occupation: _____	Occupation: _____	Occupation: _____
Tel: _____ <i>(With full dialing codes)</i>	Tel: _____ <i>(With full dialing codes)</i>	Tel: _____ <i>(With full dialing codes)</i>
Fax: _____ <i>(with full dialing codes)</i>	Fax: _____ <i>(with full dialing codes)</i>	Fax: _____ <i>(with full dialing codes)</i>
E-mail: _____ @	E-mail: _____ @	E-mail: _____ @

Additional Information <i>(Please record below any additional information that you think will support your application)</i>

Age Group Preferred: _____

Date Available: _____ / _____ / _____
dd mm yyyy

1. Why are you seeking a change from your current position and/or country of work, and what motivated you to apply for this position?

2. Have you worked in a highly academic and structured system before? _____

If yes, please explain: _____

3. Can you work in a system that provides the specific objectives of the curriculum, the time frame in which to teach these and the tests by which to measure the results, leaving little room for the teacher to introduce topics that he/she likes, and at the time that one chooses?

4. Do you have the perseverance and determination to build the proper habits in students week after week? and how?

5. What techniques do you or will you use to motivate and inspire students?

6. What makes you think you can maintain discipline in a class without unduly raising your voice?

7. Do you have any objections to your classes being visited by school officials? (Please explain).

8. In the SABIS® Educational System, students are guided and encouraged to help each other in all areas. What is your opinion of students helping students to succeed academically?

9. What special interests or areas of expertise would you be interested in sharing with students through the clubs and activities of the Student Life Organization?

10. Have you ever:

a) Left a teaching post before the end of the academic year (or other position without giving the required period of notice)? If so, please explain.

b) Begun a course and withdrawn before the end or not taken the exam(s)? If so, please explain.

11. From reading the General Information Sheet I, why do you believe that you would be a good candidate for the post, and why do you think you would enjoy working at a school that implements the SABIS® Educational System?

If called for interview, please be ready to:

a) Answer technical questions on your area of specialization, and take a proficiency test to assess your subject knowledge.

b) Ask questions on points of the SABIS® Educational System you would like clarified or explained in

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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)