



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: \_\_\_\_\_