



TEACHER APPLICATION

Position Applied For: _____ Application Date: _____ (dd/mm/yy)

Source of application: Jobs DB School Website Word of Mouth Job postings in Universities Others: _____

Date Available for Employment: _____ (dd/mm/yy) Expected Monthly Salary (HK\$): _____

Personal Information

Title: Mr. / Ms. Surname: _____ Given Name: _____

Chinese Name (if any): _____ Gender: Male / Female

Present Address: _____

Home Country: _____

Phone No.: _____ Skype: _____ Email Address: _____

Date of Birth: _____ (dd/mm/yy) Place of Birth: _____

Nationality / Citizenships: _____ Hong Kong ID No.: _____

Passport No.: _____ Country: _____ Expiry Date: _____

Residency Status in Hong Kong: Permanent Resident Dependant Visa Non-Resident

Marital Status: Single Married Separated Divorced

Religion: _____ Church Presently Attending: _____ Pastor: _____

Baptized: No Yes, date of Baptism: _____ (dd/mm/yy)



Dependant Children

Provide details of all dependent children who would reside with the employee.

Full Names of Dependent Children	Age	Birth Date (dd/mm/yy)	Current Grade

Teaching Experience (Preparatory-Grade 12)

Check here if you have no Prep-G12 teaching experience other than internship / practicum and move to next section.

Total verifiable full-time equivalent years (at least 190 full days/yr) of teaching experience in Prep-G12 schools: _____ yrs

Duration of teaching practicum / internship: _____ weeks

School 1 (Most Recent)		
School Name	Employment Dates (dd/mm/yy)	
	From	To
Position Held	Subjects/Grades Taught: If applicable, indicate subject grade levels, e.g. Math (G10)	
School Location (City, Country)	Reason(s) for Leaving	
Salary & Benefits		
Basic monthly salary: _____		
Benefits: <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Dental <input type="checkbox"/> Life Insurance <input type="checkbox"/> Paid Leave: _____ days <input type="checkbox"/> Bonus <input type="checkbox"/> Gratuity		
Allowance: <input type="checkbox"/> Education <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Relocation <input type="checkbox"/> Cash		
Name of Principal	Phone Number	Email
Name & Position of Immediate Supervisor (If not the Principal)	Phone Number	Email



School 2 (Most Recent)		
School Name	Employment Dates (dd/mm/yy)	
	From	To
Position Held	Subjects/Grades Taught: If applicable, indicate subject grade levels, e.g. Math (G10)	
School Location (City, Country)	Reason(s) for Leaving	
Salary & Benefits		
Basic monthly salary: _____		
Benefits: <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Dental <input type="checkbox"/> Life Insurance <input type="checkbox"/> Paid Leave: _____ days <input type="checkbox"/> Bonus <input type="checkbox"/> Gratuity		
Allowance: <input type="checkbox"/> Education <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Relocation <input type="checkbox"/> Cash		
Name of Principal	Phone Number	Email
Name & Position of Immediate Supervisor (If not the Principal)	Phone Number	Email
School 3 (Most Recent)		
School Name	Employment Dates (dd/mm/yy)	
	From	To
Position Held	Subjects/Grades Taught: If applicable, indicate subject grade levels, e.g. Math (G10)	
School Location (City, Country)	Reason(s) for Leaving	
Salary & Benefits		
Basic monthly salary: _____		
Benefits: <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Dental <input type="checkbox"/> Life Insurance <input type="checkbox"/> Paid Leave: _____ days <input type="checkbox"/> Bonus <input type="checkbox"/> Gratuity		
Allowance: <input type="checkbox"/> Education <input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Relocation <input type="checkbox"/> Cash		
Name of Principal	Phone Number	Email
Name & Position of Immediate Supervisor (If not the Principal)	Phone Number	Email



Teaching Certification (if applicable)

Indicate teaching certificates held, including those that are expired.

Issuing State/Province/Other Jurisdiction	Certificate Type	Issue Date (mm/yy)	Expiry Date (mm/yy)	Restrictions

Extra-Curricular Activities

List school extra-curricular activities and dates you led or supervised them.

Extra-Curricular Activity	From (mm/yy)	To (mm/yy)

Education

Highest level of education completed: High School College/University Advanced Degree (Masters or above)

Education	School Name & Location (City & Country)	GPA or Avg %	Concentration Area		Credential Earned	Dates Attended	
						From	To
High School							
College/ University			Major	Minor			
Grad School			Focus Area				

Total equivalent academic years* of full-time attendance at college/university: _____ years

* Note: One (1) academic year of full-time attendance at post-secondary is equivalent to eight (8) months



Other Certifications, Training & Skills

Indicate any additional certifications, training or skills that you possess:

Certifications & Training: _____

Technical Skills: _____

Language Skills: _____

Professional Development

List several professional development activities you have participated in over the past three (3) years that you view as relevant to teaching and learning:

Volunteer Work & Church Involvement

Indicate ways in which you have been involved in volunteer work or in a church.

References

List the names and contact information of two (2) latest employers / immediate supervisors responsible for your performance appraisal.

Employment References			
Name	Position	School / Company	
1.			
	Email Address	Phone Numbers	
Name	Position	School / Company	
2.			
	Email Address	Phone Numbers	



List the name and contact details for one (1) pastoral reference, preferably the pastor of the church you currently attend.

Pastoral Reference		
Pastor Name	E-mail Address	Phone Numbers

If you have taught before, provide the name and contact information of one (1) parent reference, who should be the parent of a child you have recently taught.

Parental Reference		
Parent Name	E-mail Address	Phone Numbers
Child Name	Child Grade	

CAPCL Employee: List the names of CAPCL Employees that you know, if any.

Name	Department	Position

Declaration of Criminal Conviction Records

- I do not, to the best of my knowledge, have any criminal convictions records and/ or pending criminal proceedings against me anywhere in the world.

OR

- I have criminal convictions record(s) and/ or pending criminal proceedings against me, details of which are specified as follows:-

Required Documentation

Copies of the following documents should be submitted with the Application Form.

- Cover letter
- Full resume
- Christian Faith Questionnaire
- Academic qualification and teaching certificates
- Transcripts of marks up to highest education level obtained (exclude high school)
- Employment reference letters from previous employers

Personal data collected will be kept in strict confidence and would only be used for recruitment purpose only. Details of the School's Personal Data Collection Policy can be found on the Vocation page of the School website.



Background Reference Check Authorization

1. I, hereby authorize the Christian Alliance P.C. Lau Memorial International School or any related companies to carry out any form of background reference check in relation to employment, qualification, Christian faith and professionalism (if applicable), without requiring any further authorization from me. I understand that this screening may be done directly by the School or by a third party authorized by the School to carry out these checks. I also understand that this screening may cover obtaining any form of information to establish my credentials, integrity, conduct and character and my remuneration which is relevant for any job I do now or in the future with the School or any related companies.

I further authorize the retention of any information obtained for such period as the School or its related companies deem fit.

2. Verify that, to the best of my knowledge, all information provided is truthful and accurate; and
 3. Agree that my electronic signature on this document is the equivalent of a manual/actual signature.
- Do not contact my current employer until further consent given.

Applicant's Signature: _____

Name of Applicant: _____

Date: _____ (dd/mm/yy)