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| **BISM - APPLICATION FOR** **EMPLOYMENT FORM**Confidential **Please return to:** **bryansparkesbismoscow@gmail.com** | InsertPhotograph(essential) |
| TITLE: | Post Applied For: |
|  | First Name: | Surname:  |
| Date of Birth:  | Nationality :  |
| TEACHER REG. NO.  | dATE rECOGNISED : |
| Passport Number and expiry date:  | DATE You will be available to commence the post:  |
| Current Address: |
| Email ADDRESS: |
| Telephone No. (with international code):  | Mobile Phone (with international code): |
| fax nO.: | skype: |
| Marital Status: Single, PARTNER, married, divorced (please delete)If you are appointed, will you be accompanied by your partner and any dependents? **If so please include nationality, name and ages of dependents** (if your partner is applying too, a separate application form must be completed). |
| Present Salary: Benefits: |

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| Teaching Experience (Most recent first) |
| Name of School, country, telephone number (inc, international code) and email | Position | Age Range Taught  | DatesFrom | To | PT or FT |
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| Other work experience (Most recent first) |
| Employer | Position | From | To | pt or FT |
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| Graduate and Post Graduate Qualifications | University or College | From | To |
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| CPD Courses attended in the last three years  | Provider | Length of Course |
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| How many days have you been absent from work in the last 2 years?Please give reasons:  |

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| Appointments to BISM are subject to security and medical checks. You will need to supply an up to date CRB check. |
| Do you have any criminal convictions? |  | **YES** | **NO** |
| Do you have any criminal case against you pending? |  | **YES** | **NO** |
| If you answered **YES** to either of the above, please give details: |
| Do you have, or have had, any physical or mental health issues? *Failure to disclose full information may result in the cancelation of the contract.* **YES NO** |
| Details of medical needs:Do you have a chronic disease? (Information needed by our Medical Insurance Company.) |

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| **Referees**: Please give **three** professional referees. (One must be your current Headteacher .) |
| Name | Position | School  | Contact Details |
|  |  |  | Tel:Fax:Email: |
|  |  |  | Tel:Fax:Email: |
|  |  |  | Tel:Fax:Email: |
| Please note that we reserve the right to approach your current employer.  |
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| **Declaration. Please read carefully before signing.** I declare that the information given in this form is true and accurate and I understand that any offer of employment which may be made to me by BISM is subject to this declaration.**Signed: Date:** |

**Letter of Application (max 2 sides of A4)**