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| **BISM - APPLICATION FOR**  **EMPLOYMENT FORM**  Confidential  **Please return to:** [**bryansparkesbismoscow@gmail.com**](mailto:bryansparkesbismoscow@gmail.com) | | | Insert  Photograph  (essential) |
|  | Post Applied For: |  | |
| Title: | 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 | Dates  From | 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 two professional referees.  (One must be your current Headteacher .) | | | |
| Name | Position | School | Contact Details |
|  |  |  | Tel:  Fax:  Email: |
|  |  |  | Tel:  Fax:  Email: |
| Please note that we reserve the right to approach your current employer. | | | |
|  | | | |
| **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)**