

BUAH HATI & CITA HATI CHRISTIAN SCHOOL



APPLICATION FOR EMPLOYMENT

A. Check (v) Desired Employment

- | | |
|---|--|
| <input type="checkbox"/> Preschool Principal / Teacher | <input type="checkbox"/> Senior High Principal / Teacher |
| <input type="checkbox"/> Kindergarten Principal / Teacher | <input type="checkbox"/> Part Time Teacher |
| <input type="checkbox"/> Elementary Principal / Teacher | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Junior High Principal / Teacher | <input type="checkbox"/> _____ |

Location : East / West Campus / _____

B. Personal Data

Name : _____ (M / F)

Identity / Passport Number : _____

Place / Date of Birth : _____

Address : _____

Nationality : _____

Phone / Fax Number : _____

Mobile Phone Number : _____

Email Address : _____

Marital Status : _____

Religion : _____

FAMILY

Name	Relationship	Occupation	Contact Number

FORMAL EDUCATION

College / University	Dates From To	GPA / Degree	Year of Graduation

WORKSHOPS / SEMINARS ATTENDED

Field	Institution / Organization	City	Year

ORGANIZATION MEMBERSHIP

Name of Organization	Position	Year

C. Employment History (start with most recent job)

1. Employer / Supervisor : _____
Address : _____
Phone No. / Email Address : _____
Working Since / Until : _____
Monthly Salary (Start & Final): _____
Last Job Title : _____
Reason(s) for Leaving : _____

2. Employer / Supervisor : _____
Address : _____
Phone No. / Email Address : _____
Working Since / Until : _____
Monthly Salary (Start & Final): _____
Last Job Title : _____
Reason(s) for Leaving : _____

D. JOB DATA

(Check areas in which you have had experienced or training)

<input type="checkbox"/> Computer Skills (Please specify program) _____	<input type="checkbox"/> Counseling
<input type="checkbox"/> Library Management	<input type="checkbox"/> Accounting
<input type="checkbox"/> Sunday School Teacher	<input type="checkbox"/> Electrical
<input type="checkbox"/> Writing and Editing	<input type="checkbox"/> Building Maintenance
<input type="checkbox"/> Musical Instrument	<input type="checkbox"/> Others _____

E. Health

How would you describe your general health?

Hearing _____ Eyesight _____

Physical defects, if any? _____

Date of last physical examination _____

F. General Information

1. Have you ever applied for any position in this Institution?
 Yes, I have No, I haven't
2. Do you have any friends / relatives working in this Institution? (Please specify)

3. (local staff only) Have you ever taken any work related tests / Psychological test or others?
 Yes, I have No, I haven't
If Yes, please specify (When, Where, Purpose, Type of Test)

4. a. What level would you like to teach? (For teachers only)

- b. What level have you taught?

5. What is your ultimate goal professionally and your plan for reaching that goal?

6. Would you like to work full time or part time? _____
7. a. Do you own a house or vehicle?
 Yes, I do No, I don't
Please specify _____
- b. Do you have a Driver's Licence? (please specify) _____
8. Do you have a habit of
a) smoking? Yes No c) drug abuse? Yes No
b) drinking? Yes No d) gambling? Yes No
9. Have you ever been convicted of a crime?
 Yes, I have No, I haven't
If yes what matter? What year? Please specify _____
10. Are you willing to support us regarding morality, dress code, and Christian beliefs?
 Yes, I am willing No, I am not willing
11. Are you willing to be placed in any positions under the Yayasan Pendidikan Kristen Buah Hati?
 Yes, I am willing No, I am not willing
12. Are you willing to work overtime if required?
 Yes, I am willing No, I am not willing
13. Are you willing to abide by the rules of the institution?
 Yes, I am willing No, I am not willing
14. Start Date _____
15. Approximate salary expected? _____

G.Character References (other than relatives or previous employer)

1. Name : _____
Address : _____
Phone Number : _____
Email Address : _____
Occupation : _____
Years Known / Relationship : _____

2. Name : _____
Address : _____
Phone Number : _____
Email Address : _____
Occupation : _____
Years Known / Relationship : _____

G. Additional Information

(Please do not complete if not applicable)

1. Name of Church / Denomination : _____
2. Address of Church : _____
3. Name of Pastor : _____
4. Please list any religious or social activities

5. Please describe your statement of faith

I the undersigned certified that statements made by herewith are complete and true to the best of knowledge and belief.

I understand that any willful misstatement may lead to disqualification or to dismissal.

Date, _____

Signature

www.bchati.sch.id

Authorized:



Accredited by

