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## Application Form

A resume, curriculum vitae for Grace Orchard School Resume Form must accompany this application. A separate Application Form is required for each position for which you apply.

Position Applied For:  Teacher/Teacher Aides  
 Relief Teacher Staff  
 Non-Teaching Staff

Job Title Applied For: \_\_\_\_\_ Expected Salary: \_\_\_\_\_

Have you ever had an association with Grace Orchard School before?  Yes  No

Check all that apply:

	Date(s)	Positions
<input type="checkbox"/> Applicant	_____	_____
<input type="checkbox"/> Employee	_____	_____
<input type="checkbox"/> Others	_____	_____

Are you related to our School Management Committee Members?  Yes  No

If yes please state name and relationship \_\_\_\_\_

Are you related to any of our Staff?  Yes  No

If yes please state name and relationship: \_\_\_\_\_

### Personal Particulars

<b>Full Name</b> in BLOCK LETTERS (according to NRIC) * Dr/Mr/Mrs/Mdm/Miss		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>
<b>NRIC No. / Foreign Identification No.</b>	<b>Type of NRIC</b> <input type="checkbox"/> Pink <input type="checkbox"/> Blue	<b>Citizenship</b>	<b>Race</b>
<b>Address</b>			
<b>Home Phone No.</b>	<b>Mobile Phone No.</b>	<b>Fax No.</b>	<b>Email address</b>
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed No. of children: _____		<b>Religion</b>	<b>Church Affiliation</b> (if applicable)
<b>Languages</b> Spoken:		Written:	

\* Delete where not applicable

Are you currently employed?  No  Yes

If selected, date of availability: \_\_\_\_\_



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Current / Last Drawn Salary : \_\_\_\_\_

### *Experience in Teaching Children with Special Needs*

(For Teaching Positions Application Only)

<b>Duration of Teaching Experience</b>	<b>Age Range of Students Taught</b>	<b>Range of Special Needs Worked With</b>
<b>Subjects Taught/Area of Expertise</b>		<b>Other Related Experience</b>
<p><b>Write a brief description of your interest and experience in teaching children with special needs</b></p>          		

### *Information Technology Skills*

Computer Literacy    High    Medium    Low

Knowledge of Microsoft Office Software

- |               |                                    |                               |                                  |                                      |
|---------------|------------------------------------|-------------------------------|----------------------------------|--------------------------------------|
| MS EXCEL      | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Not at all. |
| MS WORD       | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Not at all. |
| MS ACCESS     | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Not at all. |
| MS POWERPOINT | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Not at all. |
| MS PUBLISHER  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Not at all. |

Other Software Knowledge (please list)

Name of Software	Purpose

Are you able to email effectively?       No    Yes

Are you able to conduct Internet searches effectively?    No    Yes



## Application Form

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Have you ever been convicted of a crime?  No  Yes

Do you presently have charges pending against you for a criminal offence?  No  Yes

If you answered "yes" to any of the 2 questions above, please explain below:

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Have you ever been declared a bankrupt?  No  Yes

Are you currently in any debt/financial embarrassment?  No  Yes

If you answered "yes" to any of the 2 questions above, please explain below:

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Do you have /have you ever had any physical, mental or other health condition(s) necessitating medical care for longer than a month (regardless of whether it limits the types / amount of work you can do at a job)?

No  Yes

Do you have a physical, visual, sensory or mental impairment/disability which substantially limits one or more life activities (e.g. walking, seeing, hearing, breathing, reading or learning)?

No  Yes

If you answered "yes" to any of the 2 questions above, please explain below:

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***Applicant Certification (Please read and sign below.)***

I certify that all information provided in this application and any attachments is true and that I have not wilfully suppressed any material fact. I understand any false statement made herein is sufficient reason for rejection of my application or termination of subsequent employment.

I authorize Grace Orchard School, or entities it may employ, to investigate all statements made in this application or attachments; to contact any of my former employers, educational institutions, or any other person or organization that may have information relevant to my employment; to obtain records concerning my past work, character, education, or military background; to obtain a "credit report" as defined by the Banking Act; to obtain driving records; to obtain any records pertaining to prior criminal convictions or pending criminal charges. I authorize that such contact or investigation may occur at any time before or during employment.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_