

Personal History Form / Application form for Staff

<p>Address Swiss International School Industriestrasse 50 CH - 8304 Wallisellen Switzerland</p> <p>Website www.iszn.ch E-mail info@iszn.ch Fax +41 44 830-7007</p>	<p align="center">Attach recent Passport size photo</p>
<p>Application Source <input type="checkbox"/> Website (www.international-school.ch) <input type="checkbox"/> Internet (e.g. Google search) <i>(please mark box)</i></p> <p> <input type="checkbox"/> Printed Ad <i>(please specify below)</i> <input type="checkbox"/> Others: <i>(please specify below)</i></p> <p>_____</p>	
<p>Instructions:</p> <p>1. Personal History Form / Application form for Staff must be submitted for an application to be valid, indicating the application source and submitted to the specified email address before the deadline.</p> <p>2. Please follow directions given, type or print your answer to each question clearly, completely, and concisely.</p>	

<p>1. Family Name (Last name)</p> <input style="width:90%;" type="text"/>	<p>First Name</p> <input style="width:90%;" type="text"/>	<p>Middle Name</p> <input style="width:90%;" type="text"/>																													
<p>2. Permanent Address (City/State/Country)</p> <input style="width:95%;" type="text"/>		<p>Home Contacts</p>																													
<p style="text-align: right;">Zip Code</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> <td style="width:10%; height: 15px;"> </td> </tr> </table>												<p>Phone <input style="width:90%;" type="text"/></p> <p>E-mail <input style="width:90%;" type="text"/></p>																			
<p>3. Contact Address (City/State/Country)</p> <input style="width:95%;" type="text"/>		<p>Phone <input style="width:90%;" type="text"/></p> <p>E-mail <input style="width:90%;" type="text"/></p>																													
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<p>7. Gender</p> <p>M <input type="checkbox"/> F <input type="checkbox"/></p>	<p>8. Civil Status</p> <p>Single <input type="checkbox"/> Married <input type="checkbox"/></p>	<p>Date of Marriage</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">DD</td> <td style="width:33%; text-align: center;">MM</td> <td style="width:33%; text-align: center;">YYYY</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table> <p>Other (Please specify)</p> <input style="width:95%;" type="text"/>	DD	MM	YYYY																										
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<p>9. Family Members: (Spouse, Children, Parents)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Name (Family Name, First Name)</th> <th style="width:15%;">Nationality</th> <th style="width:15%;">Relationship</th> <th style="width:30%;">Date of Birth</th> </tr> <tr> <th></th> <th></th> <th></th> <th>DD MM YYYY</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name (Family Name, First Name)	Nationality	Relationship	Date of Birth				DD MM YYYY																				
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<p>10. If you have a spouse, specify his/her current occupation and name of organization <input style="width:400px;" type="text"/></p>																															
<p>11. Name of person to be notified in case of emergency</p> <input style="width:95%;" type="text"/>		<p>12. Telephone Number</p> <input style="width:95%;" type="text"/>																													
<p>Complete Address</p> <input style="width:95%;" type="text"/>																															
<p>13. Do you have a Swiss Bank/Post Account?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" please indicate the following details</p> <p>Bank Name / Clearing <input style="width:100%;" type="text"/></p> <p>Account No. / IBAN <input style="width:100%;" type="text"/></p>	<p>14. Have you any relative in Switzerland?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" give name, location and relationship:</p> <input style="width:100%;" type="text"/>	<p>15. Have you ever worked in Switzerland</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>if "Yes": Your Swiss Social Security Number</p> <input style="width:100%;" type="text"/> <p>Working permission Type <input style="width:20px;" type="text"/></p>																													

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16. Beginning with your native language, enter all languages you know. Please indicate your proficiency by marking the appropriate box

Language	Reading			Writing			Speaking			Understanding		
	Good	Fair	Slight	Good	Fair	Slight	Good	Fair	Slight	Good	Fair	Slight

17. EDUCATION: *(Please give full details)*

A. Schools or other formal training from age 14 (e.g. High School)

Period of Attendance

Name, City and Country	From		To		Main Course of Study	Certificates, Awards or Distinctions Received	Completed	
	MM	YYYY	MM	YYYY			Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

B. University or Equivalent

Period of Attendance

Name, City and Country	From		To		Main Course of Study	Certificates, Awards or Distinctions Received	Completed	
	MM	YYYY	MM	YYYY			Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

C. Post-Graduate Studies

Period of Attendance

Name, City and Country	From		To		Main Course of Study	Certificates, Awards or Distinctions Received	Completed	
	MM	YYYY	MM	YYYY			Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

D. Part-time Study Program

Period of Attendance

Name, City and Country	From		To		Main Course of Study	Certificates, Awards or Distinctions Received	Completed	
	MM	YYYY	MM	YYYY			Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

E. Professional qualifications or specialized training (e.g. English as Second Language (ESL), Special Needs, Dyslexia, etc.)

18. Other special qualifications in schooling institutions. *(Please give details. Use separate sheet, if necessary)*

19. Membership in professional societies and activities in civic, public, or social affairs.

20. List significant publications you have written. *(Do not attach)*

21. List information technology skills in terms of software, (MS-Office) programming languages and indicate your proficiency level (i.e. "L" for low; "A" for average; "H" for High)

Level	Product

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22. Have you previously submitted an application in SIS? If "Yes", indicate date.

Yes	No	DD	MM	YYYY
<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

23. Have you ever been employed by/assigned in SIS (regular, consultant, contractual or temporary)?
If "Yes", please provide details in your Employment Record in item below.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

24. EMPLOYMENT RECORD: (Starting with your present/latest job, list every job you have had. Use a separate block for each job. and periods during which you were not gainfully employed. If you need more space, attach additional pages of the same format. For consulting assignments, please indicate equivalent person-months.)

From	To	Full School Year		Employment	
DD MM YYYY	DD MM YYYY	Yes	No	Full-Time	Part-Time
<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="checkbox"/>	<input style="width: 20px;" type="checkbox"/>	<input style="width: 20px;" type="checkbox"/>	<input style="width: 20px;" type="checkbox"/>

Your Position

Name of the Headmaster

Name and Address of Organization:

Reason for Leaving/Wanting to Leave:

Nature of School (private / public / not for profit / profit oriented):	Internet page:	Telephone No.
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Describe your Work: (Pls. use allotted fields. Do not write in shaded areas or add spaces. You may attach a CV containing additional information, if necessary.)

From	To	Full School Year		Employment	
DD MM YYYY	DD MM YYYY	Yes	No	Full-Time	Part-Time
<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="checkbox"/>	<input style="width: 20px;" type="checkbox"/>	<input style="width: 20px;" type="checkbox"/>	<input style="width: 20px;" type="checkbox"/>

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DD	MM	YYYY	DD	MM	YYYY	Yes	No	Full-Time	Part-Time

Your Position

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Name and Address of Organization:

Reason for Leaving/Wanting to Leave:

Nature of School (private / public / not for profit / profit oriented):

Internet page:

Telephone No.

Describe your Work: (Pls. use allotted fields. Do not write in shaded areas or add spaces. You may attach a CV containing additional information, if necessary.)

- If you have had more than four jobs, attach additional pages to record them -

25. State any other relevant facts. Include international experience, stating place and duration.

26. Have you any objections to our making inquiries with your present employer? Yes No

If "Yes", why?

27. Have you ever been arrested, indicted or summoned into court as defendant in a criminal proceeding or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)?

Yes No

28. Have you ever been discharged or forced to resign from any position? Yes No

If "Yes", give details:

29. What approximate starting salary will be acceptable to you for the position you have in mind? (Professional Staff is paid in Swiss Francs (CHF))

per month

30. If your services are required at the earliest possible time, how soon will you be available to start work after being found suitable and physically fit for employment?

Immediately Week's Time Other (Please specify)

31. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. Permission is given to SIS to make such investigations as are necessary on the information given above. I understand that any misrepresentation or material omission made herein or in any other document requested by SIS renders a staff member liable to termination of service or dismissal.

Date:

Location:

Signature:

N.B. You will be requested to supply documentation evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by SIS, and in any event, do not submit the original texts of reference or testimonials or publications unless they have been obtained for the sole use of Swiss International School - Zurich North.