



Al-Hadi School of Accelerative Learning

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 Houston, Texas 77057
 (713) 787-5000 ext. 2
 Fax: (281) 754 - 4659
 Web Site: <http://www.alhadi.com>
 E-mail: alhadi@alhadi.com

APPLICATION FOR EMPLOYMENT

NOTE: PLEASE FILL OUT THIS APPLICATION COMPLETELY

PERSONAL DATA		
Full Name (Last/First/Middle)		Maiden Name
Name as recorded on transcript, etc.		Social Security Number ____ - ____ - _____
Permanent Address		Home Phone Number
Present Address until _____ date		Fax Number
E-Mail Address		Mobile Phone Number
Driver's License Number	State Issued In	Alternate Phone Number
Emergency Contact Person	Emergency Contact Number	Relationship to Applicant

JOB INTEREST	
Are you seeking: <input type="checkbox"/> Full-time Position <input type="checkbox"/> Part-time Position	
Expected Salary: \$ _____	
Date Available for Employment	Position Desired: <input type="checkbox"/> Administrative <input type="checkbox"/> Toddlers <input type="checkbox"/> Pre-School <input type="checkbox"/> Elementary KG – 5 th <input type="checkbox"/> Substitute <input type="checkbox"/> Middle Sch. 6 th – 8 th <input type="checkbox"/> Librarian <input type="checkbox"/> Counselor <input type="checkbox"/> After School Program <input type="checkbox"/> Daycare <input type="checkbox"/> High Sch. 9 th – 12 th <input type="checkbox"/> Tutor <input type="checkbox"/> Other: _____
Have you ever applied at Al-Hadi School before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and for what position
Have you been employed by Al-Hadi School before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and what position
If applying for Part-Time or Substitute position, indicate specific availability times.	
What GRADE LEVEL do you wish to teach? Please list them in order of preference.	
1. _____	3. _____
2. _____	4. _____
What SUBJECT do you wish to teach? Please list them in order of preference.	
1. _____	3. _____
2. _____	4. _____
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Give the reason(s) for leaving your current position.	

EDUCATION

Highest Educational Level Earned:

High School Diploma Associates Degree Bachelors Degree Masters Degree Doctorate

Areas of specialization: State number of semester hours, if 12 or more, in the following courses:

Bilingual/ESL _____ English _____ Foreign Language (type) _____

Reading _____ Mathematics _____ Science _____

Social Studies _____ Arabic _____ Islamic Studies _____

Do you hold a valid teaching certificate? Yes No

STATE CERTIFICATION:

State _____ Type _____ Certificate Number _____ Date of Issue/Date of Expiration _____

List all applicable information (most current degree first).

NAME OF SCHOOL	LOCATION (CITY & STATE)	ATTENDED (From – To)	DIPLOMA OR DEGREE	COURSE OF STUDY		G.P.A.
				Major	Minor	
High School						
Colleges						
Business, Trade or Correspondence						

Please identify any additional knowledge, skills, qualification, professional certification, publications or awards which will be helpful to us in considering your application for employment (include specific office, technical, and clerical skills relative to the position you are applying for):

TEACHING EXPERIENCE

How many years of teaching experience do you have? _____ years

List all teaching experience chronologically, beginning with the most recent.

Name of district/school	<input type="checkbox"/> Public <input type="checkbox"/> Private	Grade or subject taught			
Address and Zip Code	Length of Service	From: _____/_____/____	To: _____/_____/____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Substitute	
Supervising Principal/ area code and telephone number		Reason for Leaving			
Name of district/school	<input type="checkbox"/> Public <input type="checkbox"/> Private	Grade or subject taught			
Address and Zip Code	Length of Service	From: _____/_____/____	To: _____/_____/____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Substitute	
Supervising Principal/ area code and telephone number		Reason for Leaving			
Name of district/school	<input type="checkbox"/> Public <input type="checkbox"/> Private	Grade or subject taught			
Address and Zip Code	Length of Service	From: _____/_____/____	To: _____/_____/____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Substitute	
Supervising Principal/ area code and telephone number		Reason for Leaving			

OTHER WORK EXPERIENCE

EMPLOYER & ADDRESS	POSITION TITLE	FROM		TO	

REFERENCES *(List your most recent supervisor first and at least three references NOT related to you.)*

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PERSONAL

Marital Status: Single Married Separated Divorced Widowed

Number of dependent children: _____

If married, spouse's name: _____

Please list the name(s) of your child(ren) who may attend Al-Hadi School.

Condition of Health: _____ Have you been under a physician's care or hospitalized within the last three years? _____

If yes, please give a brief description. _____

Have you ever been convicted of a misdemeanor and/or felony? Yes No If yes, please describe in full.

Your religious affiliation: _____

What languages do you speak: _____

Please describe your special talents, skills, interests, and/or hobbies (i.e. sewing, arts & crafts, sports, drama, calligraphy, photography, etc.):

Would you be willing to teach the above skills to the students when special activities are planned? Yes No

Please list any civic or community participation.
