

The Language Center



Underline your field of interest(s)

Attach 2 recent
passport size
photographs here

I. A. PERSONAL DATA

DR.

MR.

MRS

MS.

(SURNAME)

(FIRST)

(MIDDLE)

B. PRESENT LOCAL ADDRESS: P.O.BOX _____ PHONE NUMBERS (1) _____

(2) _____

C. OVERSEAS ADDRESS _____ PHONE NUMBERS (1) _____

(2) _____

PHYSICAL ADDRESS _____

E-MAIL ADDRESS: _____

D. IMMIGRATION STATUS (NON-KENYANS ONLY) _____

E. BIRTH PLACE _____ BIRTH DATE _____

PRESENT CITIZENSHIP _____ DD/MM/YYYY

F. HEALTH _____ HEIGHT _____ WEIGHT _____

G. MARITAL STATUS _____ NO. OF CHILDREN _____

AGES _____

H. NAME OF SPOUSE _____ ID/PASSPORT NO. _____

SPONSORING AGENCY OR EMPLOYER _____ PHONE _____

I. PASSPORT/I.D NUMBER. _____ PLACE AND DATE OF ISSUE _____

(ALL KENYANS ATTACH A COPY OF ID)

NATIONAL SOCIAL SECURITY FUND(NSSF NO.) _____

SOCIAL HEALTH INSURANCE FUND(SHIF NO.) _____

INCOME TAX PERSONAL IDENTIFICATION NUMBER (PIN NO) _____

TEACHERS SERVICE COMMISSION NUMBER (TSC NO) _____

UNIVERSITY REGISTRATION NUMBER (Local teachers) _____

NEXT OF KIN _____ TEL NO: _____

RELATIONSHIP: _____

ADDRESS: _____

E-MAIL: _____

II. EDUCATION

A. SECONDARY SCHOOL: LOCATION _____ YEAR GRADUATED _____

B. INSTITUTIONS OF HIGHER LEARNING:

DATE OF ATTENDANCE	COLLEGE/UNIVERSITY	LOCATION	MAJOR	DEGREE	SEMESTER GRADUATE UNITS

TITLE OF YOUR PhD THESIS _____

C. CERTIFICATES HELD:(TEACHING, ADMINISTRATIVE, OTHERS)

CERTIFICATE SUBJECT/TYPES	GRADE LEVEL	PLACE AND DATE OF ISSUE	DATE OF EXPIRATION

D. I SPEAK AND READ THE FOLLOWING LANGUAGES: _____

MY NATIVE LANGUAGE IS: _____

PROFESSIONAL EXPERIENCE

C. TEACHING AND/OR ADMINISTRATIVE EXPERIENCE

INCLUSIVE DATES MONTHS/YEAR	SCHOOL	ADDRESS	SUBJECT/GRA D LEVE	IMMEDIATE SUPERVISOR

D. SUMMARY OF YEARS EXPERIENCE AS GIVEN ABOVE:

TEACHING: AGES 5 - 11YRS GROUP CLASSES: _____ YRS/MONTHS
PRIVATE CLASSES: _____ YRS/MONTHS
AGES 12 – 18YRS GROUP CLASSES: _____ YRS/MONTHS
PRIVATE CLASSES: _____ YRS/MONTHS
ADULTS GROUP CLASSES: _____ YRS/MONTHS
PRIVATE CLASSES: _____ YRS/MONTHS

OTHERS: _____

C: ASSIGNMENT PREFERENCE: AGES 5-11YRS ___ 12-18YRS ___ ADULTS ___

D: I AM INTERESTED IN:

1. SUBSTITUTING ___ PRIVATE CLASSES ___ REGULAR CLASSES

MORNING HOURS (8:15 - 12:30) ___ AFTERNOON (1:00 - 5:30)

EVENING HOURS (5:30 - 8:30) _____ SAT. MORNING
BETWEEN (8:30 - 12:30)

2. MINIMUM HOURS WEEKLY _____ MAXIMUM HOURS WEEKLY _____

3. I AM WILLING TO WORK UP TO TWO/THREE/FIVE EVENINGS A WEEK SHOULD THE NEED ARISE.

E. EXPERIENCE OUTSIDE THE FIELD OF EDUCATION _____

F. INTERESTS OUTSIDE FIELD OF EDUCATION: _____

G. MY PHILOSOPHY OF EDUCATION IS _____

I AM/AM NOT AFFILIATED TO A SIMILAR TEACHING INSTITUTION. (CROSS OUT ONE).

H. I HAVE SUBMITTED THE FOLLOWING CREDENTIALS TO THE LANGUAGE CENTER : (CV) _____ (RESUME) _____ (DIPLOMA) _____

(TRANS. OF GRADES) _____

(RECOMMENDATIONS) _____ (REFERENCE) _____

(OTHERS) _____

I. PRESENT/MOST RECENT GROSS SALARY IN KSH.(P.M) _____ (STRIKE OUT ONE)

J. I LEARNT ABOUT THE LANGUAGE CENTER THROUGH _____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: _____ SIGNATURE: _____



+254 721 495 774
+ 254 202 641 616
+254 203 870 610/2,
+ 254 203 869 531/2



tlc@language-cntr.com



Ndemi Close /Ndemi Road off Ngong Road
P. O. Box 40661 - 00100
Nairobi, Kenya.