



Ndemi Close / Rd Off Ngong Road
 P.O. Box 40661, GPO 00100
 Nairobi, Kenya

Tel: 020- 3869531/2, 020-3870610/2
 020- 2641616, 0721 495774

E-Mail: tlc@language-cntr.com
 Website: www.language-cntr.com

Date: _____

Your Ref: _____

Our Ref: _____

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 _____

FAX: _____ 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 COPY OF ID)

NATIONAL SOCIAL SECURITY FUND NUMBER(NSSF NO) _____

INCOME TAX PERSONAL IDENTIFICATION NUMBER (PIN NO) _____

TEACHERS SERVICE COMMISSION NUMBER (TSC NO) _____

NATIONAL HOSPITAL INSURANCE FUND (NHIF) CARD NUMBER _____

UNIVERSITY REGISTRATION NUMBER (Local teachers) _____

NEXT OF KIN _____ TEL NO: _____

RELATIONSHIP: _____

ADDRESS: _____ FAX NO: _____

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 M.A OR Ph D THESIS _____

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

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

D. I SPEAK AND READ THE FOLLOWING LANGUAGES _____

MY NATIVE LANGUAGE IS: _____

III. **PROFESSIONAL EXPERIENCE**

A. TEACHING AND/OR ADMINISTRATIVE EXPERIENCE

INCLUSIVE DATES MONTH/YEAR	SCHOOL	ADDRESS	SUBJECT/ GRADE LEVEL	IMMEDIATE SUPERVISOR

B. 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 STUDENTS: _____ 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: _____