



PHILIPPINE SCHOOL DOHA

P.O. Box 19664 Doha, State of Qatar
 (00974)44181587/44181596 42217718
 E-Mail: hr@psdqatar.com

TEACHING – JOB APPLICATION FORM (T-JAF)

PDSI/HR/F-1

PERSONAL DETAILS		Date Submitted	
Last Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
Middle Name			
Date of Birth		Place of Birth	
Home Address	No. _____ St. _____ Town/City _____	Municipality _____	Province _____
PASSPORT DETAILS		CONTACTS	
Passport No.		E-mail	
Place of Issue		Cell/Mobile	
Validity Date		Landline	
QUALIFICATIONS			
PRC No.		<i>Please attach a copy of your PRC license</i>	
PRC Validity		<i>Please attach a copy of your PRC board rating</i>	
PRC Board Results	<input type="checkbox"/> LET <input type="checkbox"/> PBET	PRC General Rating Average	
Baccalaureate	<input type="checkbox"/> B.S.E.Ed. <input type="checkbox"/> B.S.E. <input type="checkbox"/> Others/Specify _____		
Major in	<input type="checkbox"/> English <input type="checkbox"/> Science <input type="checkbox"/> Math <input type="checkbox"/> Pilipino <input type="checkbox"/> Social Studies <input type="checkbox"/> HE/TLE <input type="checkbox"/> MAPE <input type="checkbox"/> Values	<i>Please attach a copy of your college diploma and TOR</i>	
Name of School		Date Graduated	
Master Degree			
Earned Units	<input type="checkbox"/> Full Graduate <input type="checkbox"/> Thesis <input type="checkbox"/> Non thesis	<input type="checkbox"/> Completed Academic Requirements	<input type="checkbox"/> 36 units
Thesis Title			
Name of School		Date Graduated	
<i>Please attach a copy of your Masteral Diploma or TOR units earned over 30 or C.A.R.</i>			
Special course/ Study/Training Seminar not <40hrs/course/ training	Title	Inclusive Date	Place
<i>Please attach a copy of your certificates</i>			
WORK EXPERIENCE AS CLASSROOM TEACHER			
Inclusive Date (month)	Grade / Year Level Teacher	Subject teacher in	
2011 _____-2012 _____			
2010 _____-2011 _____			
2009 _____-2010 _____			
2008 _____-2009 _____			
2007 _____-2008 _____			
Additional Years		Total number of years as classroom Teacher	
REFERENCES			
Full Name & Title	Cell/Mobile No.	E-Mail	
1.			
2.			
3.			
DATA PROTECTION STATEMENT:			
The personal information you provide on this application form will be used by the Philippine School Doha for employment purposes only.			
DECLARATION:			
By submitting this application and the required attachments, I confirmed that the information I have provided and submitted are true and correct.			
_____		_____	
Name and Signature of Applicant		Date	