



# APPLICATION FORM



POSITION APPLIED FOR: NAME SCHOOL:		
PERSONAL DETAIL	S	
Title First name Middle name(s) Last name Address Town / City Postcode / Zip code Country Phone number (include country co E-mail address Skype username	ode)	
Please check off one of the following I am a national of a country that I am a citizen of a country outside that I can legally work in the Net I fappointed, the school must ap	is part of the EU, EEA or Switzer le the EU, EEA or Switzerland, bu herlands. ply for a work permit.	
Degree and Subject	Grade / Class	Awarding body (University / College) and issue date
TEACHING QUALIFICATION  IF YOU'RE APPLYING FOR A NON-TE	ACHING POSITION, PLEASE CONT	
Qualification	Age group and subject(s) qualified to teach	Awarding body and issue date

#### EMPLOYMENT HISTORY (start with most recent)

Name of school / organisation and location	From/Until	Position(s)	held	Year groups (ages) and subjects taught ( applicable)	Reasons for leaving
lumber of teaching		•		-	uring the last 10 ye
ist the EU language ntermediate, basic	s you speak below	v and indicate fo	r each wl	hether (near)nati	ve, fluent,
1		(near)native	fluent	intermediate	basic
		(near)native	fluent	intermediate	basic
		(near)native	fluent	intermediate	basic
		(near)native	fluent	intermediate	basic
5.		(near)native	fluent	intermediate	basic
6.		(near)native	fluent	intermediate	basic

(near)native fluent intermediate basic

## **REFERENCES**

APPLICANTS MUST PROVIDE DETAILS OF THREE REFEREES, OF WHICH ONE MUST BE THE MOST RECENT EMPLOYER OR THE ONE PRIOR TO THE CURRENT EMPLOYER. FURTHERMORE, REFEREES SHOULD BE WORK RELATED; PREFERABLY (FORMER) MANAGERS/PRINCIPALS OR COLLEAGUES YOU (HAVE) WORK(ED) CLOSELY WITH.

REFERENCES WILL BE CONTACTED AFTER A SUCCESSFUL INITIAL/FIRST INTERVIEW.

Please check off one of the following boxes:  ☐ I give consent to contact my referees after a successful interview ☐ I do not give consent to contact my referees				
1.	Name			
	Relationship			
	School/company + address			
	Telephone (+country code)			
	E-Mail address			
2.	Name			
	Relationship			
	School/company + address			
	Telephone (+country code) E-Mail address			
	E-IVIAII AUUTESS			
3.	Name			
	Relationship			
	School/company + address Telephone (+country code)			
	E-Mail address			
SUPPO	ORTING STATEMENT (moti	ivation letter)		

### INFORMATION ABOUT PARTNER AND CHILDREN

(IF APPLICABLE, OTHERWISE PLEASE CONTINUE TO ADDITIONAL INFORMATION) Is your partner a teacher? □ ves □ no If yes, what does your partner teach? If yes, has your partner also applied for a teaching position within the Rijnlands Lyceum Foundation? ☐ Yes (please provide details) Date: Position: School: □ No My partner is (please check off one of the following boxes): a national of a country that is part of the EU, EEA or Switzerland. a citizen of a country outside the EU, EEA or Switzerland, but holds a residency permit stating that he/she can legally work in the Netherlands. none of the above; the Rijnlands Lyceum Foundation must apply for a work permit. Do you have children that you would like to be placed in the school? ☐ Yes (please provide details) Number of children: Age of children: School year of children: □ No HIGHER EDUCATION AND QUALIFICATIONS PARTNER **Degree and Subject Grade / Class** Awarding body (University / College) and issue date

#### **TEACHING QUALIFICATIONS PARTNER**

Qualification	Age group and subject(s) qualified to teach	Awarding body and issue date

# **ADDITIONAL INFORMATION**

DATE:

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. ALL INFORMATION PROVIDED WILL BE TREATED IN THE STRICTEST OF CONFIDENCE. FOR ANY FURTHER INFORMATION ABOUT THE RECRUITMENT PROCEDURE, PLEASE CONSULT THE RECRUITMENT CODE ON OUR WEBSITE.

Where have you seen our vacancy?		
Did you include / upload a cv to your application?  ☐ Yes ☐ No		
Have you fully completed the application form?  ☐ Yes ☐ No		
Have you previously applied for a position within the Rijnlands Lyceum Foundation?  ☐ Yes (please provide details)		
Are you related to any current employees, pupils or governors?  ☐ Yes (please provide details)     Name:     Position:     Nature of relationship:  ☐ No		
Have you ever been convicted of a criminal offense?  ☐ Yes (Please provide details separately)  ☐ No		
Do you give consent to keep your personal data?  ☐ Yes, I give consent to keep my personal data for the maximum of 1 year (GDPR)  ☐ No, I do not give consent to keep my personal data for the maximum of 1 year (GDPR)		
I DECLARE THAT THE INFORMATION THAT I HAVE GIVEN IN THIS APPLICATION IS ACCURATE AND TRUE. I UNDERSTAND THAT PROVIDING MISLEADING OR FALSE INFORMATION WILL DISQUALIFY ME FROM EMPLOYMENT AND IF APPOINTED MAY RESULT IN DISMISSAL.		
SIGNED:		