



# Al-Hadi School of Accelerative Learning

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 Houston, Texas 77057  
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## 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 <sup>th</sup> <input type="checkbox"/> Middle 6 <sup>th</sup> – 8 <sup>th</sup> <input type="checkbox"/> Substitute <input type="checkbox"/> Librarian <input type="checkbox"/> Counselor <input type="checkbox"/> After School Program <input type="checkbox"/> Daycare <input type="checkbox"/> Tutor <input type="checkbox"/> Volunteer <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 <b>GRADE LEVEL</b> do you wish to teach? Please list them in order of preference.	
1. _____	3. _____
2. _____	4. _____
What <b>SUBJECT</b> 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     Associate's Degree     Bachelor's Degree     Master's Degree     Doctorate's Degree

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

