



## Employment Application

Please fill out this form and email it, along with your CV and any other accompanying documents, to [jobs@canadianschool.it](mailto:jobs@canadianschool.it).

### Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First*

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Fiscal country of residence: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_

*City State Postal Code*

Position applied for: \_\_\_\_\_

If resident of Italy, please provide the date your residency began: \_\_\_\_\_

Of which countries do you hold a passport?: \_\_\_\_\_

What languages do you speak? Please indicate your native language.: \_\_\_\_\_

How long are you planning to remain in Italy for?: \_\_\_\_\_

If you have worked in Italy before, please state if the company was Italian and what type of contract you had (determinato, indeterminato, apprendista, foreign contract). Please indicate the length of the contracts (start date and end date).: \_\_\_\_\_

## Education and Qualifications

For your application to be considered for teaching positions, you need to hold a formal teaching qualification (eg. PGCE, Bachelor of Education, etc).

Please list the schools, colleges and universities you attended. Please include qualifications.

Higher Education: \_\_\_\_\_

Secondary School: \_\_\_\_\_

Other Qualifications: \_\_\_\_\_

Please list all training undertaken, including in-service courses, during that past two years.: \_\_\_\_\_

What formal teaching qualification do you hold? Please give detail including your Teacher Number if available.: \_\_\_\_\_

Is your teaching qualification recognised in Canada, USA or UK?: \_\_\_\_\_

## References

*Please give names and contact details of at least two referees. If possible, please include the Principal of your present school/employer. By listing their names, you agree to be happy for us to approach the listed contacts before the interview.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Employment History

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Indicate weekly hours: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Indicate weekly hours: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Indicate weekly hours: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

## Children Safeguarding

*Canadian School of Milan is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.*

*An offer of employment is dependent on completion of a satisfactory criminal record/police check. Disclosure of a criminal background will not necessarily exclude you from any appointment.*

*An offer of employment is conditional upon the School receiving a satisfactory Police Disclosure.*

Have you been convicted by the courts of any criminal offence?: \_\_\_\_\_

Have you ever been subject of a criminal investigation?: \_\_\_\_\_

Have you ever been subject of allegations relating to child welfare?: \_\_\_\_\_

Optional area to add comments or clarifications regarding the above questions: \_\_\_\_\_

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## Declaration

I confirm that I am in possession of the certificates that I claim to hold and understand that intended falsification may result in immediate discharge if appointed.

I understand that a contract of employment with Canadian School of Milan Srl is offered on the basis of the information I have provided and I understand that false information may result in my appointment at CSM may render me liable to immediate dismissal.

I understand that Canadian School of Milan is committed to the safeguard and promotion of the welfare of its Students and community and expects all staff and volunteers to share this commitment.

I give consent to the School to process the information given on this form, including any sensitive information, as may be necessary during the recruitment process.

I know of no reasons, on grounds of mental or physical health, why I should not be able to discharge the responsibilities required by the post.

I have read and agree to the Privacy Statement.

Signature (please type name): \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_