

# STAFF APPLICATION FORM



A division of Maharishi Education for Invincibility Trust

What position are you applying for?	
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## 1. Personal Information

Surname			
First Name/s			
Preferred Name			
Present Postal Address			
Permanent Home Address			
Cell Phone		Home Phone	( )
Email			
Birth Date	Y	Y	M M D D
Marital Status		Age	(If applicable)
Home language		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Fluent in			
Marital Status			(If applicable)
Do you have children?	YES/NO	If yes, what are their ages?	
Do you have a valid driving licence?	YES/NO	If yes, what code is it?	(If applicable)
Can you type/use a word processor?	YES/NO	If yes, how many words per minute?	

## 2. Medical Details

Describe your present state of physical and mental health below:		
Do you have any incipient health problems, physical or mental e.g. depression, alcoholism, drug dependencies, which may recur? YES/NO If yes, please describe below:		
Have you ever seen a psychiatrist? YES/NO Psychological or social counsellor?	Psychologist? YES/NO	YES

If yes, please describe reason for seeking help:

### 3. Qualifications and Experience

Give details of all **professional** qualifications, the institution where these were obtained and the date obtained, below:

Name of Qualification	Institution	Date Qualified

Give details of all **Academic** qualifications, the institution where these were obtained and the date obtained, below:

Name of Qualification	Institution	Date Qualified

Are you studying at the moment? YES/NO  
If yes, please provide details below, including when you expect to qualify.

What is your current teaching category?

What is your SACE registration number?

Give details of all relevant experience, name of school/firm etc., and dates of employment in chronological order from the present time.

Name of School/Employer	Position held and subjects taught	Dates of employment

### 4. Personal Development

Do you practise the Transcendental Meditation (TM) technique?	YES/NO If No, skip the next questions and go directly to section 5.
Date of TM instruction	
Instructors name	

Place of Instruction	
Number of Months regularly meditating	

## 5. Other

Give details of your current hobbies, interests and what extra-mural activities you could offer:
Is there any other relevant information you wish us to know?

## 6. Required Forms

Please ensure that the following are attached to your application form, as they are required before your form can be processed:	
Certified photocopies of qualifications	Attached/Not Attached
Letters of recommendation	Attached/Not Attached
Character reference (if available)	Attached/Not Attached

To the best of my knowledge all information in this application is accurate and complete.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

All prospective staff members will be required to attend an interview before final consideration of the application.

Thank you for your application.