



QUALITY EDUCATION CENTER NURSERY AND PRIMARY SCHOOL

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STAFF APPLICATION FORM.

PERSONAL INFORMATION:

Name: _____ POST: _____
D.O.B: _____ Place of Birth: _____ Sex: male / female
Marital Status: Single/Married
Do you suffer from any chronic illnesses or allergies? _____
If yes, please specify: _____
Any other health problems or physical disabilities: _____
What are some of your hobbies? _____
Any other important information about you: _____

Professional Information:

Qualifications _____
Schools attended _____
Previous Employers _____
Referees _____

Contact Information:

Home Address: _____ Home Telephone Contact: _____
Mobile Contact: _____ Email: _____
Next of Kin: _____ Occupation: _____
Place of Work: _____ Telephone Contact: _____
Date: _____ Signature: _____