



DEPARTMENT OF EDUCATION

Ahmadiyya Muslim Jamā'at Canada 



Bai'tul Islam Mosque, 10610 Jane Street, Maple, ON L6A 3A2,
Canada
www.ahmadiyya.ca/talim
Email: talim.award@gmail.com Ph: 905.303.4000 x 2272 Fax:
905-832-3220

FACULTY/STAFF APPLICATION FORM

'AISHA ACADEMY



Ahmadiyya Muslim Jamā'at Canada Inc.-----Department of Education

Personal Details

First Name:

Last Name:

Member Code:

DOB:

**Home
Address:**

**Home Phone
Number**

**Work Phone
Number**

E-Mail

Jamā'at Offices

**Present
Office/Post: (if
any)**

**Past Offices
and Posts:**

**Details of
other services
to the Jamā'at
(eg.
Volunteering)**

Education/Qualifications

High School

From: To:

**School's
Name:**

City: Country:

**Details of
Examinations
Passed and
Qualifications
Obtained:**

Post Secondary

From: To:

**Name of
School: Name of
Program:**

City: Country:

**Details of
Examinations
Passed and
Qualifications
Obtained:**

Other Education/Qualifications

From: _____ **To:** _____
Name of School: _____ **Name of Program:** _____
City: _____ **Country:** _____
Details of Examinations Passed and Qualifications Obtained:

Previous Teaching Experience

Experience 1

Post: _____ **School:** _____
Full Time or Part Time? _____ **Full Time** _____ **Part Time** _____ **Grades Taught:** _____
Subjects Taught: _____
Date From: _____ **To Date:** _____

Experience 2

Post: _____ **School:** _____
Full Time or Part Time? _____ **Full Time** _____ **Part Time** _____ **Grades Taught:** _____
Subjects Taught: _____
Date From: _____ **To Date:** _____

Experience 3

Post: _____ **School:** _____
Full Time or Part Time? _____ **Full Time** _____ **Part Time** _____ **Grades Taught:** _____
Subjects Taught: _____
Date From: _____ **To Date:** _____

Administrative and other related Experience

Experience 1

Name of
Organizations

Date From:

To Date:

Details of
responsibiliti-
es & achieve-
ments made

Experience 2

Name of
Organizations

Date From:

To Date:

Details of
responsibiliti-
es & achieve-
ments made

Experience 3

Name of
Organizations

Date From:

To Date:

Details of
responsibiliti-
es & achieve-
ments made

Declaration of Waqf

I, _____, dedicate _____ years of my life for services to the Jamā'at as a teacher/principal at 'Aisha Academy.

Signature:

Date From:

Declaration from Husband/Father

I, _____, understand the responsibilities of Waqf and declare that my wife/daughter _____ has presented herself for Waqf for a period of _____ years with my full consent and approval.

Signature:

Date From:

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