



AMERICAN UNIVERSITY OF BEIRUT

APPLICATION FOR EMPLOYMENT

ATTACH **RECENT**
PHOTOGRAPH

Please **Type** or use **Block Letters**.

For office use only

1. Position Desired		Salary Expected (L.L.)				
2. Family name		First name		Middle name		
3. Father's Name			Mother's Maiden Name			
4. Date of Birth			Place of Birth			
Month	Day	Year	City	Country		
5. Nationality			Other Nationality (if any)			
6. Identity Card or Passport		Issued at		Valid till		
No.	Date					
7. Social Security Number						
8. Address : Permanent			For Answering Application			
Building		Building				
Street		Street				
City		Telephone				
Country		E-mail				
9. Ever worked for AUB : <input type="checkbox"/> yes <input type="checkbox"/> No			Any Relatives Working at AUB : <input type="checkbox"/> yes <input type="checkbox"/> No			
Position		Date		Name(s)		
10. Height (cm)	Weight (kg)	Hair Color	Eyes Color	Physical Defects (Include Operations & Serious Injuries, Give Dates)		
11. <input type="checkbox"/> Single		<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widow	<input type="checkbox"/> Widower
12. Spouse's Name		Date of Birth		Occupation		
13. CHILDREN						
Name	Sex	Birth Date	Identity	Single /	Exercising	Living
			Card No.	Married	Any Paid Job	at Home
Other Dependents (if any) :						

14. REFERENCES			
Name	Address	Position	Phone

15. EDUCATION					
Name of School Attended	Location / Address	No. of Years	Year of Graduation	Certificates, Diplomas, Degrees	Specialization

16. LANGUAGES	Spoken				Written			
	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor
(a) Arabic								
(b) English								
(c) French								
(d)								
(e)								

17. RECORD OF PREVIOUS EMPLOYMENT			
<u>From</u>	<u>To</u>	<u>Employer Name , Address & Phone</u>	<u>Name of Supervisor</u>
			<u>Job Title & Main Functions</u>
<u>Salary</u>	<u>Reason for Leaving</u>		
<u>From</u>	<u>To</u>	<u>Employer Name , Address & Phone</u>	<u>Name of Supervisor</u>
			<u>Job Title & Main Functions</u>
<u>Salary</u>	<u>Reason for Leaving</u>		
<u>From</u>	<u>To</u>	<u>Employer Name , Address & Phone</u>	<u>Name of Supervisor</u>
			<u>Job Title & Main Functions</u>
<u>Salary</u>	<u>Reason for Leaving</u>		

18. AFFILIATIONS
LIST ALL SOCIAL, FRATERNAL, SCHOLASTIC AND PROFESSIONAL ORGANIZATIONS OTHER THAN LABOR UNIONS, OF WHICH YOU ARE A MEMBER

Name, Address and Telephone Number of Person to be Contacted in Case of **EMERGENCY** :

The applicant declares that the information given above is true and correct and that any misrepresentation or false statement in this application is cause for dismissal. I hereby authorize each former employer to give any and all information which may be sought regarding my work habits, character and skill. I understand that before any appointment becomes valid I must complete the University's Physical Examination including a chest X-Ray.

Date

Applicant's Signature