



# AMERICAN UNIVERSITY OF BEIRUT

## APPLICATION FOR EMPLOYMENT

ATTACH **RECENT**  
PHOTOGRAPH

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

For office use only

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

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 &amp; Phone</u>	<u>Name of Supervisor</u>
			<u>Job Title &amp; Main Functions</u>
<u>Salary</u>	<u>Reason for Leaving</u>		
<u>From</u>	<u>To</u>	<u>Employer Name , Address &amp; Phone</u>	<u>Name of Supervisor</u>
			<u>Job Title &amp; Main Functions</u>
<u>Salary</u>	<u>Reason for Leaving</u>		
<u>From</u>	<u>To</u>	<u>Employer Name , Address &amp; Phone</u>	<u>Name of Supervisor</u>
			<u>Job Title &amp; 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