

(c) Allowances granted while working in the Kingdom.

Housing (.....) Furniture (.....) Shipping of Luggage & Books (.....)

(d) Have you ever traveled to a foreign country? Yes No. If yes, name countries and reason for visit:

.....
.....

(e) Name of non-related persons who know you in your country and especially in the Kingdom:

	Name	Post	Place of work	Full address & Phone
1)				
2)				

(f) Will your family accompany you to the Kingdom? Yes No.

Family members who will accompany you

N. B. : Give wife's full name before and after marriage in Arabic and English.

No.	Name (according to Passport)	Nationality	Age	Relation	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

(g) Handicaps if any (Hearing, Vision, Pronunciation) (h) Chronic disease (Kidney failureetc.)

(i) Names of present or previous immediate Supervisors:

	Name	Nationality	Post	Address
1.				
2.				
3.				

5. Type of post you are applying for:

.....

College or place of work	Subjects you would like to teach and type of work	Other work

N.B.

I pledge that all the information I have given is correct and complete.

Name : Signature: Date

(For hiring committee use only)

The hiring committee has decided to hire Salary Grade
Job No. (.....) College (.....) Dept. (.....) as a candidate (.....)
Year (.....) Semester (.....)

Hiring Committee Member:

Name :

Signature:

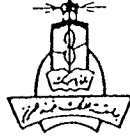
Date:

Chairman Hiring Committee

Name :

Signature:

Date:



Applicant's Details

معلومات عن المتقدم للتعاقد

Full Name الإسم الرباعي : _____		
Age: _____		
Nationality الجنسية : _____		
Country of Recruitment (Country of Residence) بلد المتعاقد (المقيم فيها) : _____		
صلة القرابة Relation	العمر Age	Number of accompanying dependents الإسم (عددهم) : _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Faculty to which applying: الكلية المتقدم للعمل بها : _____		
Type of Degree: المؤهل العلمي : _____		
Awarding Institution: مكان الحصول عليه : الجامعة : _____		
Country: الدولة : _____		
Main Subject التخصص العام للمرشح : _____		
Specialization التخصص الدقيق للمرشح : _____		
Current Address (Work) عنوان العمل الحالي : _____		
ص.ب. : _____ P.O.Box	فاكس : _____ Fax	تليفون : _____ Telephone
Current Address (Residence) عنوان السكن الحالي : _____		
ص.ب. : _____ P.O.Box	فاكس : _____ Fax	تليفون : _____ Telephone

إقرار: أقر بأن جميع المعلومات المذكورة أعلاه صحيحة وعلى مسئوليتي ١١١١

Name:
الإسم :

Declaration: I hereby declare that all the information given above is true.

التوقيع :
(Signature)