<b>BETHLEHEM UNIVERSI</b> Office of Human Resources P.O. Box 9 Bethlehem – Palestine Tel: + 972-2-2741241 Fax: + 972-2-2744440	5			متوجد الموارد البشرية فف: ١٤٢١٤ ٢٠ ٢٠ ٢٠ ٩٠ + س: ٤٤٤٤ ٢٠ ٢٠ ٢٠ ٢٠ ٩	هان
2	STAFF JOB AP	PLICATION F	ORM	Date Received	
Application for Position of:				Application No.	
PERSONAL INFORMATION					
Name (Four Names	as in Passport o	r in Identity Ca	urd)		
Date of Birth// Day Month	Place o Year	f Birth			
Nationality		<u>Citizenship</u>			
I.D. Card No.		Issued at			
Passport No		Issued at			
Social Status: Married	Single	Widow	Divorce	Religious	
Religion		Sect			
Address					
Tel. No. (Home)					
E-Mail Address					
Spouse's Name		Worki	ng	Non Working	
Spouse's Job		Place			
No. of Children					
General Health Condition: Very G		Good	Fair		
Health Problems, if any					

Have you had or do you have any ongoing cou	rt convictions or inve	stigations? Yes	Νο
If yes, explain on a separate sheet and attach t	to the Application.		
JOB INTEREST			
Other Positions for which qualified			
Date Available			
EDUCATION			
Institution	Degree E	arned	Year Graduated
Primary Education			
Secondary			
Vocational			
College			
University			
Specialization/Major			
Other Qualifications/Awards/Fellowships			
OTHER SKILLS/KNOWLEDGE			
Typing: Arabic English	Other		
Languages: Native:			
Other languages: Indicate level: Excellent, Goo	od, Fair, Poor.		
Language	Spoken	Read	Written

Computer Skills, Specify below.				
Other machines, equipment or skills:				
PREVIOUS EXPERIENCE List all employment for last five years. B	egin with	ı most r	ecent first.	
Employer and Address			Job Title	Dates: From-To
		_		
		_		
		_		
Do you have relatives at Bethlehem Univ	ersity?	Yes	No	
If yes, specify name and relationship:				
Have you ever been a student at the Univ	versity?	Yes	No	
<i>REFERENCES</i> List the names of three references that k	now you	well. D	o not list relative	s or close friends.
Name	Addre	ss/Tel.	No.	Occupation
The facts set forth above in my application I understand that if employed, false state sufficient cause for dismissal.				-

Signature of Applicant\_\_\_\_\_Date\_\_\_\_\_Date\_\_\_\_\_

The following documents should be attached to the application form:

- **1.** A certified copy of the highest educational degree, where applicable.
- 2. Copy of college transcript, where applicable.
- 3. Certificates of experience.
- 4. Copy of Birth Certificate and of Passport and Identity Card.
- 5. Marriage certificate.
- 6. Copy of spouse's Identity Card.
- 7. Birth certificates of spouse and of children.
- 8. Curriculum Vitae.

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FOR UNIVERSITY USE	ONLY. DO NOT WRITE IN THIS SPACE.				
Name of Successful C	andidate				
Job Title	DepartmentDepartment				
Immediate Superviso	r				
Interviewed by:					
Comments:					
Recommendation to t	the Vice Chancellor:				
Status: Full Time	Part Time hrs/week Category				
Grade Step	Basic Increment COLA (				
Other Allowances	Total Children ( ) Non working spouse				
Administrative Allow	ance Technical Allowance Accommodatory				
GROSS SALARY (JD)_					
Special Stipulations_					
	loyment (a 3-month probationary contract)				
VP for Human Resour	rces & Administrative Affairs Date				
	ncellor Date				
••					