

Office of Human Resources P.O. Box 9 Bethlehem – Palestine Tel: + 972-2-2741241 Fax: + 972-2-2744440





مكتوب الموارد البشرية هاتف: ١٢٤١٢٤١٢ - ٢- ٢٧٢ فاكس: ٤٤٤٤٤ : ٢٠ - ٢٧٢

	FACULTY APPLICATION FORM			Date Received
Position:				Application No.
PERSONAL INFORM	<u>ATION</u>			
Name	(Four Names as in Pa	ssport or in Identity	Card)	
Date of Birth	// Month Year	Place of Birth		
Nationality		Citizenship		
I.D. Card No.		Issued at		
Passport No.		Issued at		
Social Status: Marrie	ed Single	Widow	Divorced	Religious
Religion		Sect	:	
Address				
Tel. No. (Home)	(Work)	)	(Mobile)	
E-Mail Address				
Spouse's Name			Working	Non Working
Spouse's Job		Place	e	
Number of Children				
General Health Cond	dition: Very Good	Good	Fair	
Health Problems, if a	any			

Have you had or do you	? Yes No					
If yes, explain on a separate sheet and attach to the Application.						
JOB INTEREST						
Other Positions for which	ch Qualified					
Date Available						
<i>EDUCATION</i> In	stitution	Degree Earned	Year Graduated			
College						
University						
Specialization/Major Fi	ield					
Other Qualifications/Av	vards/Fellowships					
OTHER SKILLS/KNOWLE	DGE					
Typing: Arabic English O	ther					
Languages: Native:						
Other languages: Indica	te level: Excellent, Good,	Fair, Poor.				
Language	Spoken	Read	Written			

List the subjects in your own field that you are qualified and competent to teach:

**Computer Skills, Specify below.** 

## **PREVIOUS EXPERIENCE**

List previous employment experience. Begin with most recent first.

Employer and Address	Job Title	Dates: From-To
Do you have relatives at Bethlel	nem University? Yes	Νο
If yes, specify name and relation	ıship:	
Have you ever been a student a	t the University? Yes	Νο
REFERENCES		
List the names of three reference	es that know you well. Do no	ot list relatives or close friends.
Name	Tel. No.	Occupation

The facts set forth above in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal.

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

The following documents should be attached to the Application Form:

- 1. Certified copy of the certificate of Equivalence from the Palestinian Ministry of Higher Education.
- 2. A certified copy of the highest educational degree, where applicable.
- **3.** Original copy of university transcript.
- 4. Certificates of experience.
- 5. Copy of Birth Certificate and of Passport and Identity Card.
- 6. Curriculum Vitae.
- 7. Three Reference Forms.

FOR UNIVERSITY USE ONLY. DO NOT WRITE IN THIS SPACE.					
Name of Successful Candidate					
Faculty Department	_ Department				
Interviewed by:					
Comments:					
Recommendation to the Vice Chancellor:					
I. For a Full Time Position:					
Grade: Step Basic Increment CO	LA( )%				
Total					
No. of children ( ) Non-working spouse Administrative	Allowance				
Accommodatory Gross Salary (JD)					
Special Stipulations					
Starting Date of Employment					
II. For a Part Time Position:					
Academic Rank No. of Credits					
starting Date of Employment Ending Date					
Approvals:					
Academic Vice President	Date				
VP for Human Resources	Date				
Vice Chancellor	Date				