

**A.R Jubaili & CO.**

 **Employment Application**

 PHOTOGRAPH

 INSTRUCTIONS

1. Please complete all questions is your

Own handwriting. Use capital letters

When filling in names address.

1. Copies of resume and reference documents

Are to be attached with application.

 Name: ------------------------

 Date : ------------------------

 **PERSONAL DATA**

|  |  |  |
| --- | --- | --- |
| Name  | First Middle Family | Phone |
| Permanent Address  | Street City Country |
|
| Current Address  | Street City Country |
|
| Date of Birth |  Day Month Year | Place of Birth |
| Type of Identification and its number | Nationality | Origin |
|   |   |   |   |   |   |   |
| Have you ever been yes [ ]  No [ ]  If yes, list company and date of employment  |
| employed by ARJ or any (Company) (Position) From: |
| of its associated Companies? To : |
| Position or type of work desired | Monthly Salary Required | When Could you start working for **ARJ** |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
| Applying for Nigeria |  [ ]  |   | Applying for Lebanon [ ]  |   |   |
| Give Names of Relatives employed by ARJ or one of its associate Companies |
|
|

 **FAMILY STATUS**

|  |
| --- |
| Single [ ]  Married [ ]  Divorced [ ]  Separated [ ]  widow [ ]  widower [ ]  |
| If Married Please State name of Spouse Is your spouse employed? Yes [ ]  NO [ ]  Where? |

  **CHILDREN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| FIRST NAME | SEX | BIRTHDATE | IDENTITY CARD NO.OR PASSPORT NO. | SINGLE/MARRIED | EXERCISING ANYPAID JOB | LIVING AT HOME |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

|  |  |
| --- | --- |
|  **EDUCATIONAL BACKGROUND** |  |
| TYPE OF SCHOOLATTENDED | NAME AND LOCATION OF SCHOOL | DATES ATTENDED | MAJOR AREA OF STUDY | DEGREEOBTAINED | DATE OF DEGREE |
|   |   | FROM  | TO |   |   |   |
| HIGH SCHOOL |   |   |   |   |   |   |
| COLLEGE |   |   |   |   |   |   |
| OTHERS |   |   |   |   |   |   |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **Languages** |   | **Spoken** |   |   | **Written** |   |
|   |    |  | **Verygood** | **good** | **fair** | **weak** |  |  | **Verygood** | **good** | **fair** | **weak** |   |
|   |   |   |  |   |   |   |   |  |  |   |   |   |   |   |
|   |   |   |  |   |   |   |   |  |  |   |   |   |   |   |
|   |   |   |  |   |   |   |   |  |  |   |   |   |   |   |
|   |   |   |  |   |   |   |   |  |  |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|  |  |
| --- | --- |
| Please list additional skills, technical or professional knowledge that you feel would enhance you application | List any licenses, certificates, publications or professional achievements that would support you application |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
|  **PRESENT OR LAST EMPLOYER** |
| Name of employer | Telephone No. |
| Address: (Street) (City) (Country)  | May we contact?[ ]  Yes [ ]  No  |
| Date of employment | Title of Position |   |
| Fr MO YR | ToMO YR |
|   |   | Descriptions of duties, responsibilities and significant accomplishments |
| Last Monthly salary |
| Employment BenefitsMedical Scheme [ ] Yes [ ]  No Pension Scheme [ ] Yes [ ]  No   |
| Explain other employees benefits |
| Reason for leaving |

|  |
| --- |
|  **NEXT PREVIOUS EMPLOYER** |
| Name of employer | Telephone No. |
| Address: (Street) (City) (Country)  | May we contact?[ ]  Yes [ ]  No  |
| Date of employment | Title of Position |   |
| Fr MO YR | To MO YR |
|   |   | Descriptions of duties, responsibilities and significant accomplishments |
| Last Monthly salary |
| Employment BenefitsMedical Scheme [ ] Yes [ ] No Pension Scheme [ ]  Yes [ ]  No  |
| Explain other employees benefits |
| Reason for leaving |

|  |
| --- |
|  **NEXT PREVIOUS EMPLOYER** |
| Name of employer | Telephone No. |
| Address: (Street) (City) (Country)  | May we contact?[ ]  Yes [ ]  No  |
| Date of employment | Title of Position |   |
| Fr MO YR | To MO YR |
|   |   | Descriptions of duties, responsibilities and significant accomplishments |
| Last Monthly salary |
| Employment BenefitsMedical Scheme [ ] Yes [ ] No Pension Scheme [ ]  Yes [ ]  No  |
| Explain other employees benefits |
| Reason for leaving |

 **ADDITIONAL DETAILS**

 Please list any additional employment not shown above or any information you believe would be helpful for us

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

 **REFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Address | Position | Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I hereby certify that the information contained on this Application form is true and accurate. I Authorize ARJ/JIMCO Corporation or any of its divisions or

Subsidiaries to contact any of my schools or former employees, except those I have indicated may not be contacted. I understand that if I am employed, any misrepresentation of facts on this Application form is sufficient cause for dismissal at any time in the future.

Applicants may be required to provide verification of information reported on this form and may be requested to submit to physical examination.

The Completion of this application does not, of course bid either party to any specific period of employment.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |   |   |   | Signature of applicant |   |   |   |
|   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |

 **FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| Date of interview |  |
| Place of Interview |  |
| Name and Position of Interviewer 1 |  |
| Name and Position of Interviewer 2 |  |

|  |
| --- |
| ***Comments*** |

Approval :

Name & Signature