BETHLEHEM UNIVERS Office of Human Resource P.O. Box 9 Bethlehem – Palestin Tel: + 972-2-2741241 Fax: + 972-2-2744440	s <sup>ie</sup> Sub- STAFF JOB A			محتجب الموارد البدرية + ٩٧٢-٢-٢٧٤١٢٤٦ + ٩٧٢-٢-٢٧٤٢٤٤ + ٩٧٢-٢-٢٧٤٤٤٤	510.
PERSONAL INFORMATION					
Name (Four Names	as in Passport	or in Identity (	Card)		
Date of Birth// Day Month	Place Year	of Birth			
Nationality		_Citizenship			
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		Wor	king	Non Working	
Spouse's Job		Place			
No. of Children					
General Health Condition: Very	Good	Good	Fair		
Health Problems, if any					

Have you had or do you have any ongoing cour	t convictions or inve	stigations? Yes	Νο
If yes, explain on a separate sheet and attach to	o 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, Good	d, 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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	andidate
Job Title	Department
Immediate Superviso	r
Interviewed by:	
Comments:	
Recommendation to	the Vice Chancellor:
Recommendation to Status: Full Time	
Status: Full Time	Part Time _ hrs/week Category
Status: Full Time Grade Step	
Status: Full Time Grade Step Other Allowances	Part Time _ hrs/week Category Basic Increment COLA ( %)
Status: Full Time Grade Step Other Allowances	Part Time hrs/week Category   Basic Increment COLA ( %)   Total Children ( ) Non working spouse   ance Technical Allowance Accommodatory
Status: Full Time Grade Step Other Allowances Administrative Allow GROSS SALARY (JD)_	Part Time hrs/week Category   Basic Increment COLA ( %)   Total Children ( ) Non working spouse   ance Technical Allowance Accommodatory
Status: Full Time Grade Step Other Allowances Administrative Allow GROSS SALARY (JD)_ Special Stipulations_	Part Time hrs/week Category   Basic Increment COLA ( %)   Total Children ( ) Non working spouse   ance Technical Allowance Accommodatory
Status: Full Time Grade Step Other Allowances Administrative Allow GROSS SALARY (JD)_ Special Stipulations_ Starting Date of Empl	Part Time _ hrs/weekCategory BasicIncrementCOLA ( %) TotalChildren ( )Non working spouse anceTechnical AllowanceAccommodatory