# Application Form

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| **PERSONAL INFORMATION**  **المعلومات الشخصية** | | | |
| **Full Name Identical to the UNHCR Card** **(Passport or National ID)** (or Passport in case you don’t have a UNHCR Card)  **الاسم رباعي بالكامل مطابق لكارت المفوضية، أو لبطاقة الرقم القومي أو جواز السفر في حالة عدم وجود كارت مفوضية** | Name in English:  Name in Arabic: | | |
| **Residency Location in Egypt محل الإقامة في مصر/** |  | | |
| **Phone Number 1: / رقم الهاتف** |  | **Phone Number #2** |  |
| **Email address الإيميل الإلكتروني الشخصي /** |  | | |
| **Nationality الجنسية /** |  | | |
| **Country of birth دولة الميلاد /** |  | | |
| **Birthdate تاريخ الميلاد /** |  | | |
| **Language spoken اللغات التي تتحدثها /** |  | | |
| **Marital status (متزوج – أعزب)** |  | | |
| **Number of children عدد الأطفال /** |  | | |
| **Passport Number in case you don’t have UNHCR card**  **رقم جواز السفر في حالة عدم وجود كارت المفوضية** |  | | |
| **National ID Number رقم البطاقة الشخصية للمصريين /** |  | | |

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| **UNHCR Card:** |  | **Registration Status:** |  |  |  |  |  |  |
| **UNHCR number:** |  | **White papers:** |  | **Yellow Card:** |  | **Blue Card** |  |  |
|  |  |  |  | **Active** |  | **Active** |  |  |
|  |  |  |  | **Closed** |  | **Closed** |  |  |
| **Residence Permit:** |  | **Valid:** |  | **Expired:** |  | **Number:** |  |  |
| **Expiry Date:** |  |  |  |  |  |  |  |  |
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| **REFERENCES (Mention at least 2 persons you reported to) اختر شخصان على الأقل مرجعيين عملت معهم سابقا لنتواصل معهم قبل التعيين** | | | | |
| **Name**  **الاسم** | **Title**  **الوظيفة التي كان يعمل بها** | **Email address**  **الإيميل الشخصي للتواصل** | **Phone number**  **الهاتف** | **Relationship**  **علاقة العمل** |
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| **EDUCATION (start with the last degree obtained)**  **المستوى التعليمي من الأحدث للأقدم** | | | | | |
| **School name**  **اسم الكلية او المدرسة** | **Location**  **المكان** | **Years attended**  **سنة الحضور** | | **Degree received**  **الشهادة التي حصلت عليها** | **Major**  **التخصص** |
| **From**  **من** | **To**  **إلي** |
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| **EMPLOYMENT HISTORY (start with the last degree obtained)** | | | | | | |
| **Employer**  **الشركة** | **Last title**  **اسم الوظيفة** | **Report to**  **مديرك المباشر** | **Starting date**  **موعد البدء** | **Ending date**  **موعد المغادرة** | **Last salary in EGP**  **آخر مرتب** | **Reason to leave** |
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| **Position you are applying for**  **الوظيفة التي تقدم عليها الآن** |  | **Expected salary in EGP**  **المرتب المتوقع** |  |
| **Desired starting date**  **متى يمكنك أن تبدأ في العمل؟** |  | | |
| **From where you heard about this position?**  **من أين علمت بهذه الوظيفة؟** |  | | |
| **Do you have relatives or friends working at PSTIC or tdh?**  **هل لديك أصدقاء أو أقارب يعملون في بستك؟ إذا كان بنعم, برجاء كتابة أسمائهم** | Yes  No  If yes, please specify whom and the relative relation or friends? | | |
| **Have you worked with PSTIC before?**  **هل عملت سابقا مع بستك؟** | Yes  No  If yes please specify the title and duration, and reason for leaving PSTIC | | |

**BY MY SIGNATURE BELOW, I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. It is the policy of Tdh Egypt delegation to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, marital status, and to afford equal opportunities to disabled veterans, individuals with a disability. I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release Tdh – Egypt delegation from all liability that might result from making an investigation. I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on.

**Applicant Signature Date**