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| **Ministry of Higher Education**  **Jouf University**  Recruitment Department | C:\Users\A J C\Desktop\1.png | وزارة التعـلـيم العــالــــيجامعــــة الــجوفالإدارة استقطاب |
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| application for appointment | | | | | | | | | | | | | | | | | | | | | | | | **Photo goes here** | | | | |
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| **1. GENERAL** | | | | | | | | | | | | | | | | | | | | | | | |
| Position Applied for: | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | |
| Field of Specialization: | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | |
| Date of Availability for Al Jouf Employment: | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| Name of Applicant: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: |  | | | | | | | | Place of Birth: | | | | | |  | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | (city) | | | | | | | (country) | | | | | | |
| Citizen of: |  | | | | | | | | | | | | |  |  | | | | | | | | | | | | | |
| (At Present) | | | | | | | | | | | | |  | (At Birth) | | | | | | | | | | | |
| Present Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E-mail: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Nearest Airport: | | | | |  | | | | | | |  | | | | | | |  | | |
| Telephone: Residence: | | |  | | | | | | | | | | | | | Business: | |  | | | | | | | | | | |
| Permanent Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skype ID: | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | Nearest Airport: | | | |  | | | | | | | | | | | |  | | | | | |
| Telephone: Residence: | |  | | | | | | | | | | | | | | Business: | |  | | | | | | | | | | |
| Point of Origin: (Place of residence according to Passport): | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |
| Father's Name | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you applied for a job at Al Jouf University before? If yes, when? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Were you interviewed? | | | | |  | | | | | | | | If yes, when? | | | |  | | | | | | | | | | | |
| Have you ever worked at Al Jouf? | | | | |  | | | | | | | | If yes, when? | | | |  | | | | | | | | | | | |
| Indicate briefly why you are interested in Al Jouf Employment? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Names of relatives employed by this University: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Do you have any physical disability? …... | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Recruitment Department , P.O. Box 2410, Sakaka, Al Jouf, Saudi Arabia** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **.** Telephone: 00966 (14) 6247493. Fax: 00966 (14) 6247493 E-mail: [recruit\_science@ju.edu.sa](mailto:recruit_science@ju.edu.sa) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | |
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| Last degree completed: | | | |  | | | | | | | | | | | Is degree honorary or earned? | | | | |  | | | | |
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| Name and address of institution: | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Languages spoken (Other than English) | | | | | | | | | |  | | | | | | | | | | | | | |
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| Type of  **institution** | | NAME OF INSTITUTION  **& LOCATION**  **City/Country** | | | | | |  | | | | | | | | | | **Graduated** | | **Certificate,**  **Degree, or**  **Other earned** | **Subject(s) of**  **(Major/Minor)** | | | | |
| Attended from | | | | | | **to** | | | |
| **Month** | | **Year** | | | | **Month** | | | **Year** |
| **Secondary/**  **High School** | |  | | | | | |  | |  | | | |  | | |  |  | |  |  | | | | |
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| **College or University** | |  | | | | | |  | |  | | | |  | | |  |  | |  |  | | | | |
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| Vocational/  **Military**  **or any other**  **Institution** | |  | | | | | |  | |  | | | |  | | |  |  | |  |  | | | | |
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| Title of Thesis with degree (attach abstract) | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **3. RESEARCH, PUBLICATIONS & PROFESSIONAL ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **(Provide following information in figures and attach lists with full details)** | | | | | | | | | | | | | | | | | | |  | | | |
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| Papers published in refereed journals ( ) | | | | | | | | | | | | | | | | Papers published in other Periodicals ( ) | | | | | | | | | |
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| Research Projects completed ( ) | | | | | | | | | | | | | | | | Research Projects in Progress ( ) | | | | | | | | | |
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| Books Published ( ) | | | | | | | | | | | | | | | | Books in Progress ( ) | | | | | | | | | |
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| Seminars Attended ( ) | | | | | | | | | | | | | | | | Participation in Univ./Dept./Thesis Committees ( ) | | | | | | | | | |
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| Membership in or Affiliation with Professional Societies: | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |

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| **4.PREVIOUS EXPERIENCE** | | | | | | | | | | | | | | | | |
| List present or last position first and continue in reverse chronological order. | | | | | | | | | | | | | | | | |
| **Name & Address of Employer** | | | **Position**  **Or Rank** | | | From | | | To | | | Last **Annual**  **Salary** | | | | Reason for change |
| **Month Year** | | | **Month Year** | | |
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| In addition to present salary in your current employment, show total monetary value of all employer-paid benefits and allowances. | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | |  | | | | | |
| Show total financial compensation earned per year for consulting fees, honoraria, etc. | | | | | | | | | | | | | | |  | |
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| **5.HEALTH & PERSONAL INTERESTS** | | | | | | | | | | | | | | | | |
|  | | Height: | |  | | | |  | | Weight: | | | |  | | |
| 1. Details of any past or present mental or | | | | | | | |  | | | | | | | | |
| Physical disability or serious illness. | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | |  | | | | | | | | |
| 2. Your interest in extracurricular activities: | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
|  | | | | | | | |  | | | | |  | | | |
| 3. Have you ever been convinced for involving yourself in any criminal, political or other activities? If any | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
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| **6. REFERENCES** | | | | | | | | | | | | | | | | |
| (List four persons, including your present employer, to whom we may write about you) | | | | | | | | | | | | | | | | |
| Full Name | | | | | | | Address | | | | | | | | | |
| 1. |  | | | |  | |  | | | | | | | | | |
| 2. |  | | | |  | |  | | | | | | | | | |
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| PRINT OR WRITE ALL INFORMATION FOR RESIDENCE VISA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1. APPILCANT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Applicant: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Sex: | | | |  | | | | |
|  | | | | | | | |  | | | | | |
| Religion: |  | | | | | | | | | | | | | (A religious certificate/affidavit will be required by the Saudi Consulate for visa Purposes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Family Status: (Check / appropriate box) | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Single | | | | |  | | | Engaged | | | | | | | |  | | Married | | | | |  | | Separated | | | | |  | Divorced | | | | | |  | | |  | | | | | | | | | |
| **2. SPOUSE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Husband/Wife (Maiden): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Religion: | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Date of Birth: | | | | |  | | | | | | | | | | | | | |  | | | | | Citizen of: | | | | |  | | | | | | |  | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | At present: | | | | | | | | | | | | | | At birth: | | | |  | | | |
| List special skills of spouse: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Name of spouse’s father: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **3. CHILDREN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| Name (First) (Middle) ( Last) | | | | | | | | | | | | | | | | **Sex** | | | | Date of Birth | | | | | | | | | | | **Grade in School** | | | | | | | | | Citizen of | | | | | | | | | | | |
| M | | | | D | | Y | | | | |
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| Please indicate clearly if any step and/or adopted children are listed above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **4. RESIDENCE NEEDS IN KSA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check who will accompany you to Saudi Arabia: Spouse ( ) Yes ( ) No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Children: (First Names only) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **THE ABOVE INFORMATION IS TRUE AND COMPLETE.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Signature of Applicant:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| Date: | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |