

## JOB APPLICATION FORM

**PLEASE NOTE:**

In order to consider your application, it is important that you complete each section of the form. Kindly indicate "NA" when Not Applicable.

Date:

Applicant Name:

Present Address:

Telephone:

E-mail Address:

Marital Status:

Single       Married       Divorced       Separated       Widow

Number of Children & Other Dependents:

Are you authorized to work in Lebanon?

Yes       No

### POSITION DESIRED

Position:

Date you can start:

Are you able to work:

Weekends\*  Yes  No    Holidays\*  Yes  No    Nights\*  Yes  No

\* if required for the position for which you're applying

Are you available to work overtime?  Yes  No

Any Relatives Working at EBCO (BITAR)?  Yes  No

If yes, please indicate name:

LANGUAGES									
LANGUAGE	SPEAK			READ			WRITE		
	Excel	Fair	Poor	Excel	Fair	Poor	Excel	Fair	Poor
Arabic	x								
English	x								
French									
HEALTH & LEGAL RECORD									
Have you had any serious illness in the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate:									
Have you undergone any major surgical operation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate:									
Have you ever been convicted of a criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate:									
EDUCATION									
High School:	Graduated?								
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Technical School:	Graduated?			Course of Study:					
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
College/University:	Graduated?			Course of Study:					
	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Other education or training:									
Other special skills (Computer skills etc):									

**WORK EXPERIENCE**

Please list all previous employment, beginning with the most recent job. If you need more space, you may attach another sheet of paper.

Employer:		Address:	
From:	to:	Position Held:	Reason for leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Benefits / Allowances:			Final Salary:

**PREVIOUS EMPLOYER**

Employer:		Address:	
From:	to:	Position Held:	Reason for leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Benefits / Allowances:			Final Salary:

<b>NEXT PREVIOUS EMPLOYER</b>		
Employer:	Address:	
From:      to:	Position Held:	Reason for leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Benefits / Allowances:		Final Salary:
<b>REFERENCES</b> (List names & addresses of 3 references 2 of which must be work related)		
Name	Organization / Title	Telephone
<b>AFFILIATIONS</b>		
List all social, fraternal, scholastic, and professional organizations other than labor unions, of which you are a member.		

**ADDITIONAL REMARKS**

(Please write any additional information regarding your skills and experience to support your application)


**AUTHORIZATION AND ACKNOWLEDGMENTS**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.

I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise.

Applicant Name:

Applicant Signature:

Date: