

طلب توظيف Employment Application

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| **اسم المتقـــــــــــدم** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Applicant’s Name** | | | |
| **الوظيفة المتقدم لها** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Position Applied for** | | | |
| **تاريخ تقديم الطلب** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | |
| **رقم الطلب Application No** | | | | | | | | | | | | | | | | **الوظيفة المرشح لها Position Nominated for** | | | | | | | | | | | | | | | | | |
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| **المعلومات الشخصية Personal information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الاسم الأول First Name** | | | | | | | | | | **اسم الأب Middle Name** | | | | | | | | | | | | | | | | **اسم العائلة Spouse Last Name** | | | | | | | |
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| **تاريخ الميلاد Date of Birth** | | | | | | **مكان الميلاد Place of Birth** | | | | | | | | | | | | | | **الجنس Gender** | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | ذكر ○ Male أنثى ○ Female | | | | | | | | | | | | | |
| **الجنسية Nationality** | | | **الرقم القومى ID No.** | | | | | | | | | | | | | | | | | | **تاريخ الأصدار Date of Issue** | | | | | | | | | | **مصدرها**  **Place of Issue** | | |
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| **العنوان Address** | | | | | | | | | | | | | | | | | | | | | | **الهاتف Tel** | | | | | | **الجوال Mobile** | | | | | |
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| **هل لديك رخصة قيادة دولية ؟**  **؟Do you have international Driving License** | | | | | | | | | | | | | | | | | | | | | **هل لديك رخصة قيادة بلدك ؟ Do you have your country driving license?** | | | | | | | | | | | | |
| **○ لا ○ نعم صالحة حتى \_\_\_\_\_\_\_\_\_\_\_\_ Valid Until ○ No ○ Yes** | | | | | | | | | | | | | | | | | | | | | **○ لا ○ نعم صالحة حتى \_\_\_\_\_\_\_\_\_\_\_\_ Valid Until ○ No ○ Yes** | | | | | | | | | | | | |
| **هل تشكو من أي مشكلة صحية أو إعاقة؟ الرجاء التوضيح Do you suffer from any disease or disability? Please describe.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الحالة الاجتماعية : أعزب ○ Single متزوج ○ Married مطلق ○ Divorced أرمل ○ Widowed : Marital Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الدورات التدريبية Training Courses** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **اسم الدورة**  **Course Name** | | | | **المدة Period** | | | | | | | | | | | | | **اسم/مكان المنشاة التدريبية**  **Name/Place of Training Organization** | | | | | | | | | | | | | | | | |
| **من From** | | | | | | | | **إلى To** | | | | |
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| **الخبرة العملية** (**الرجاء ترتيب الوظائف الأحدث أولا First ( Please begin with the latest job** **Experience** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| اسم الشركة  Company Name | نشاط الشركة  Company Activity | | | | | | | الوظيفة  Position | | | | | | | الفترة Period | | | | | | | | سنوات العمل  Service Years | | | | الراتب  Salary | | سبب ترك العمل  Reason for Leaving | | اسم مديرك  Manager Name | | رقم هاتفه  Tel. No. |
| **من From** | | | **إلى To** | | | | |
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| **المهارات Skills** | | | | | | | | | | | | | | |
| **اللغات Languages** | | **التحدث Speaking** | | | | | **الكتابة Writing** | | | | **القراءة Reading** | | | |
| جيد Good | | مقبول Fair | ضعيف Poor | | جيد Good | مقبول Fair | | ضعيف Poor | جيد Good | | مقبول Fair | ضعيف Poor |
| **اللغة العربية Arabic** | |  | |  |  | |  |  | |  |  | |  |  |
| **اللغة الإنجليزية English** | |  | |  |  | |  |  | |  |  | |  |  |
| **هل تجيد استخدام الحاسب الآلي؟ وما هي البرامج التي تجيدها؟** | |  | | | | | | | | | **Do you have computer knowledge?**  **What are the programs you know?** | | | |
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| هل سبق لك أن تقدمت للعمل بالمجموهة الدولية للمحاماة ؟ Have ever applied for a job in( IGL)?  ○ نعم ○ لا تاريخ التقديم -------/----------/------------- Yes ○ No Application Date ○ | | | | | | | | | | | | | | |
| هل تعرف أحد من موظفي المجموهة الدولية للمحاماة ؟ Do you know any of (IGL)Staff?  ○ نعم ○ لا أذكرهم : Yes ○ No Names: ○ | | | | | | | | | | | | | | |
| هل سبق أن أوقفت بجرم أدى إلى سجنك؟ Have ever been prisoner for any crime / violation?  ○ نعم ○ لا ( إذا كان الجواب **نعم** وضّح ) ○ Yes ○ No (If your answer is Yes Please Clarify )  ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- | | | | | | | | | | | | | | |
| **أذكر ثلاثة أشخاص يمكن الاتصال بهم Write Three Contact Names** | | | | | | | | | | | | | | |
|  | **الاسم كاملا Full Name** | | **العنوان Address** | | | **رقم الهاتف Tel No.** | | | **الوظيفة Position** | | | **صلة القرابة Relation** | | |
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| **Declaration إقرار** | | |
| أقر أنا الموقع أدناه بأن جميع المعلومات الواردة في هذا الطلب صحيحة وأتحمل مسئوليتها القانونية.  **الاسم:** ............................................  **التوقيع**: ..............................................  **التاريخ**: .............................................. | I the undersigned do hereby certify that all information given herein above are true and correct to the best of my knowledge and I accept all legal responsibilities if any.  **Name:** ……………………………………  ................ ............................... **:Signature**:  ...........................................................**Date** |