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| Post applied for  الوظيفة المتقدم لها | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname  اسم العائلة | |  | | | | | | | | Forenames  الاسم الأول و الأب | | | |  | | | | | | | | | | | | | | | | | | |
| Title *(eg Dr, Mr, Mrs, Miss, Ms)اللقب* | |  | | Date of birth  تاريخ الميلاد | | | | | |  | | | | | | | | Place of birth  مكان الولادة | | | | |  | | | | | | | | | |
| Age  العمر |  | Nationality الجنسية | | | | | | | |  | | | | | | | | Religion  الدين | | | | |  | | | | | | | | | |
| Status *(check)* الحالة الاجتماعية | | Single أعزب |  | | | Engaged  خطوبة | | | |  | Partnered  علاقة | | | |  | | Married  متزوج | | |  | Separated  منفصل | | |  | | Divorced  مطلق | | |  | Widowed  أرمل | |  |
| Physical  Permanent  Address  العنوان الدائم | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel  هاتف |  | | | | Mobile نقال | | |  | | | | | | | | Email  البريد الالكتروني | |  | | | | | | | | | | | | | | |
| Postal address  عنوان البريد | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel  هاتف |  | | | | Mobile نقال | | |  | | | | | | | | Email  البريد الالكتروني | |  | | | | | | | | | | | | | | |
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| Passport number  رقم جواز السفر | |  | | | | | | | | | | | | | | Date of issue  تاريخ الإصدار | | | | | |  | | | | | | | | | | |
| Place of issue  مكان الإصدار | |  | | | | | | | | | | | | | | Expiry date  تاريخ الإنتهاء | | | | | |  | | | | | | | | | | |
| ***NB Israeli entry/exit stamps invalidate passports for Kuwait*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you smoke? *(check) هل تدخن؟* | | Yes نعم |  | | | | | | No لا | | |  | | | | Have driving license?  *لديك إجازة سوق؟* | | | | | | Yes نعم | | |  | | | No لا | | |  | |
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| General health  *(circle) الصحة العامة* | | Very good  جيد جداَ | | | | | Good  جيد | | | | | | Fair  وسط | | | | | | Blood group فصيلة الدم | | | | | | | |  | | | | | |
| Please provide a medical report from within the last six (6) months.الرجاء ذكر معلوماتك الصحية خلال الأشهر الست الماضية | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of any medical conditions (*eg epilepsy, diabetes) تفاصيل عن الحالة الصحية (مثلا صرع أو سكري الخ.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Names of dependent children *(if any) (إن وجدت) أسماء الأبناء* | | | | | | | | | | | | | | | | Ages أعمارهم | | | | | | Schools (if applicable) مدارسهم | | | | | | | | | | |
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| If applicable, how many years have you been resident in Kuwait? ما هي مدة إقامتك في الكويت؟ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Are you, or will you be, accompanied by a partner or spouse in Kuwait? *هل ستسكن مع زوج أو غيره بالكويت ؟* | | | | | | | | | | | | | | | | | | | | | | Yes نعم | | |  | | | No لا | | |  | |
| If ‘yes’ where does, or will, your partner or spouse work? إذا كان نعم، أين سيعمل هذا الشخص؟ | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| How many years, or further years, do you plan to work in Kuwait? كم سنة تتوقع أنك ستعمل بالكويت مستقبلاَ؟ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |

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| Secondary school/s attended المدارس الثانوية | | Dates التواريخ | | | | |
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| School examination subjects المواد الدراسية | Levels المستويات | Examination boards هيئات الإختبار | | | Dates التواريخ | |
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| Universities or Colleges attended الجامعات و الكليات | | Dates التواريخ | | | | |
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| Qualifications الشهادات | | Classes or levels المستويات | | Dates التواريخ | | |
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| Recent courses attended دورات حضرت مؤخرا | | Dates التواريخ | | | | |
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| Languages spoken اللغات | | Fluency مستوى الإتقان | | | | |
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| Computer applications used (eg Word, Excel) برامج الكمبيوتر المستخدمة | | Competence (check) *مستوى* الإتقان | | | | |
| Basicمبتدئ | Standardأساسي | | | Advancedمتقدم |
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| Present or most recent employer اسم صاحب العمل السابق أو الحالي | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Post الوظيفة | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Salary الراتب | | | |  | | | | Date started  تاريخ بدأ العمل | | | | | |  | | | | | | | Date finished  تاريخ الإنتهاء من العمل | | |  | | |
| Address of employer  عنوان صاحب العمل | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Tel  هاتف |  | | | | | Mobile  نقال | |  | | | | | | Email  البريد الإلكتروني | | | |  | | | | | | | | |
| May they be contacted? (check)  هل ممكن أن نتواصل معهم؟ | | | | | | Yes  نعم | |  | | | | | No  لا | | |  | | | If ‘no’ give reason  في حال "لا" لماذا؟ | | | |  | | | |
| Previous employers  الشركات أو المدارس التي عملت فيها سابقا َ | | | | | | | | Posts held الوظائف السابقة التي توليتها | | | | | | | | | | | | | | | | Dates التواريخ | | |
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| Interests and hobbies الاهتمامات و الهوايات | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other relevant information معلومات أخرى | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Next of Kin Details بيانات أحد الأقرباء في حالة الطوارئ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title *(eg Dr, Mr, Mrs, Miss, Ms)اللقب* | | |  | | Surname  اسم العائلة | | | | |  | | Forename  الاسم الأول واسم الأب | | | | |  | | | | | | | | | |
| Address  العنوان | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Tel  هاتف | |  | | | | | Fax  فاكس | |  | | | | | | Email  البريد الالكتروني | | | | |  | | | | | | |
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| Referees (*one of these should be the current or most recent employer)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.**Title *(eg Dr, Mr, Mrs, Miss, Ms)اللقب* | | |  | | Surname  اسم العائلة | | | | |  | | | | | | | | | | | | | Forename  الاسم الأول | |  | |
| Address  العنوان | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Tel  هاتف | | |  | | | | | | | Fax  فاكس |  | | | | | | | | | | | Email  البريد الإلكتروني |  | | | |
| **2.** Title *(eg Dr, Mr, Mrs, Miss, Ms)اللقب* | | |  | | Surname  اسم العائلة | | | | |  | | | | | | | | | | | | | Forename  الاسم الأول | | |  |
| Address  العنوان | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **I hereby declare that the above information is correct and accurate to the best of my knowledge** | | | |
| Signature التوقيع  *(If emailing this form, please type your name to make the above declaration)* |  | Date التاريخ |  |