



Please attach recent passport photo

Download this document, complete it, and email it to info@goodwillschool.edu.lb

A – PERSONAL INFORMATION	
Family name:	First name:
Date of birth (dd/mm/yy): / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth:	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Nationality/ies:	If you are a married female, please provide your maiden name:
Address	
Building:	Floor:
Street:	
District / City:	
Telephones/Email	
	Landline:
	Mobile:
	Email:
Children	
Names	Year of birth
Relatives at GIS	
	Does a relative work at GIS?
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	If yes, give name:
B – POSITION APPLIED FOR	
	Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/>
Teaching position:	Non-teaching position:

<p>Age group you prefer to teach</p> <input type="checkbox"/> Preschool (KG 1-3) <input type="checkbox"/> Lower Elementary (Grades 1-3) <input type="checkbox"/> Upper Elementary (Grades 4-6) <input type="checkbox"/> Intermediate Section (Grades 7-9)	<p>Are you interested in giving after-school or extra-curricular activities? Please specify activities:</p>
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C – EDUCATIONAL BACKGROUND				
Name & address of secondary school /university	From	To	Area of study	Degree awarded

D – CURRENT EMPLOYMENT			
Subject	Class taught / position	Name and address of school	Starting Date

E – PREVIOUS EMPLOYMENT				
<i>Please list all your employment history.</i>				
Subject	Class taught / position	Name and address of school	From	To

F – LANGUAGE FLUENCY								
Language	Spoken				Written			
	N/A	Fair	Good	Excellent	N/A	Fair	Good	Excellent
English								
Arabic								
French								
Other:								

J – MEDICAL STATE	
Serious Illness (If any, list and describe effect on present health):	
Physical Challenges:	

K – REFERENCES	
<p>Please give the names of 2 referrals who know you in a professional capacity, including your present employer.</p> <p><i>(The school reserves the right to contact your referrals at any given point in time.)</i></p>	
Name:	Position:
Organisation & address:	
Telephone:	Email:
Name:	Position:
Organisation & address:	
Telephone:	Email:

L – EXPECTATIONS
What are your salary expectations?
If selected, when would you be able to start?

<p>I verify that the statements I have made in this application are true and complete. I understand that if I am hired, any false or incomplete statements will lead to immediate dismissal.</p>	
Signature:	Date:

Requested with this application:

1. Photocopy of identity card
2. Photocopy of all degrees earned
3. 2 recent passport photos
4. 2 letters of recommendation

Please check that you have completed all sections of this form and email it together with all the requested documents to info@goodwillschool.edu.lb.