

# EMPLOYMENT APPLICATION

## PERSONAL INFORMATION

<b>NAME</b>		PHOTOGRAPH	
<b>E-MAIL</b>			
<b>MOBILE PHONE</b>			
<b>PRESENT ADDRESS</b>		<b>TELEPHONE</b>	
<b>PERMANENT ADDRESS (ABROAD)</b>		<b>TELEPHONE (ABROAD)</b>	
<b>DATE OF BIRTH</b>	DD ____ MM ____ YY ____	<b>GENDER</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>PASSPORT #</b>		<b>NATIONALITY</b>	
<b>ISSUE DATE</b>	DD ____ MM ____ YY ____	<b>PLACE OF ISSUE</b>	
<b>EXPIRY DATE</b>	DD ____ MM ____ YY ____	<b>UAE CITIZEN?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>MARITAL STATUS</b>	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	<b>CHILDREN</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many? ____

## EDUCATIONAL HISTORY

SCHOOL	NAME OF INSTITUTION	DATES ATTENDED	DEGREE / DIPLOMA RECEIVED
SECONDARY/HIGH SCHOOL			
COLLEGE			
TECHNICAL/VOCATIONAL			
UNIVERSITY			
OTHER			

## EMPLOYMENT HISTORY *(starting with the most recent)*

EMPLOYER	POSITION	DATES TO / FROM	REASON FOR LEAVING	FINAL SALARY
		DD ____ MM ____ YY ____ DD ____ MM ____ YY ____		
		DD ____ MM ____ YY ____ DD ____ MM ____ YY ____		
		DD ____ MM ____ YY ____ DD ____ MM ____ YY ____		



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## ADDITIONAL INFORMATION

LANGUAGE(S)	SPOKEN			WRITTEN			COMPUTER & SOFTWARE SKILLS
	GOOD	FAIR	POOR	GOOD	FAIR	POOR	
ENGLISH							
ARABIC							
ITALIAN							
RUSSIAN							
Other:							
Do you have a valid U.A.E. Driver's License?							<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently or have you previously been employed in the UAE?							<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, do you have a release?							<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
If yes, how many times have you transferred your visa in the UAE?							# of Transfers:
Do you have any family employed with Farah Leisure Parks Management, LLC, Aldar PJSC or ProFun Management Group?							<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify who:							
Have you ever been terminated due to unsatisfactory work performance or conduct?							<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been arrested and/or convicted of a crime?							<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain when committed and nature of offense(s), sentence(s) imposed and type(s) of rehabilitation:							
May we contact your employer(s) to reference check your performance and history?							<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever suffered from any of the following:							
<input type="checkbox"/> Major Physical Injury <input type="checkbox"/> Back Problems <input type="checkbox"/> Typhoid <input type="checkbox"/> Communicable Diseases <input type="checkbox"/> Eye Problems <input type="checkbox"/> Heat Intolerance <input type="checkbox"/> Paratyphoid <input type="checkbox"/> Major Illnesses or Operations <input type="checkbox"/> Ear Problems <input type="checkbox"/> Skin Diseases <input type="checkbox"/> Gastrointestinal Illness <input type="checkbox"/> Other: _____							
If yes, please explain:							
<i>*All successful candidates are required to undergo a medical confirming a certificate of health in order to work in the UAE.</i>							
Please provide any additional information you think would help us evaluate your application, including training, seminars, workshops, achievements or specialized skills.							

## PROFESSIONAL REFERENCES

NAME	POSITION	ORGANISATION	CONTACT DETAILS (EMAIL / PHONE)

## DECLARATION

I permit the company to examine my educational and employment records, references, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them. In addition, I release the company, my employers and all other persons from any claims, demands or liabilities arising out of such examination. I declare that the above information is true and correct to the best of my knowledge and understand if any statements within are found untrue, it may affect my employment with Farah Leisure Parks Management, LLC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_