University of KURDISTAN Hewlêr

Application Form

FIRST NAME	
MIDDLE NAME	
SURNAME	
TITLE (PROF/DR/MR/MS/MISS)	
BIRTH DATE (DD/MM/YYYY)	

POST APPLIED FOR	
IF APPLICATION IS FOR SUBJECT LECTURER, INDICATE YOUR SUBJECT AREA	

	PERMANENT ADDRESS (MANDATORY)	**CURRENT ADDRESS (IF DIFFERENT)**
LINE 1		
LINE 2		
CITY		
COUNTRY		
TELEPHONE NUMBER (INCLUDE INTERNATIONAL CODE)		
MOBILE NUMBER (INCLUDE INTERNATIONAL CODE)		
EMAIL ADDRESS		
SKYPE ACCOUNT (FOR SKYPE INTERVIEW VIDEO CALL IS MANDATORY)		

CITIZENSHIP			**ALL NATIONALITIES ... DULY INDICATING FIRST NATIONALITY**
PASSPORT	**NUMBER**		1:
	PLACE OF ISSUE		2:
	DATE OF ISSUE		3:
	ISSUED BY		
	EXPIRY (DD/MM/YYYY)		

Application Form

ACADEMIC AND PROFESSIONAL QUALIFICATIONS (BEGIN WITH MOST RECENT QUALIFICATION)
10 TO 20 2-HOUR SESSIONS PASSED SUCCESSFULLY WILL BE WORTH 10 TO 20 CREDIT ACCUMULATION AND TRANSFER SCHEME (CATS).

QUALIFICATION	CREDIT POINTS	YEARS OF STUDY	YEAR AWARDED	AWARDING BODY	SPECIALIZATION /SUBJECT	ADDITIONAL REQUIREMENTS FOR QUALIFICATION OBTAINED

FOR ACADEMIC POSITIONS ONLY		FOR ADMINISTRATION POSITIONS ONLY
NUMBER OF PUBLICATIONS	TOTAL NUMBER OF TEACHING YEARS	TOTAL NUMBER OF YEARS -- MANAGERIAL/SUPERVISORY

FOR ACADEMIC POSITIONS ONLY (PLEASE PROVIDE AT LEAST ONE OUT OF THREE)

GOOGLE SCHOLAR ID	RESEARCHER ID	ORCID ID

PROFESSIONAL DEVELOPMENT (BEGIN WITH MOST RECENT PROFESSIONAL DEVELOPMENT)

TYPE	NAME	INSTITUTION	FROM (DD/MM/YYYY)	TO (DD/MM/YYYY)

MOST RECENT MONTHLY PACKAGE IN US$

TOTAL MONTHLY PACKAGE IN US$	MONTHLY SALARY IN US$	ALLOWANCES			
		HOUSING	CHILD EDUCATION	TRANSPORTATION	MEDICAL

HAVE YOU GOT ANY DEPENDENTS? IF ANSWER IS "YES" GIVE FOLLOWING INFORMATION

NAME	AGE	RELATIONSHIP	NAME	AGE	RELATIONSHIP

Application Form

LANGUAGES (LIST MOTHER TONGUE FIRST)												
LANGUAGE	**LISTENING**			**SPEAKING**			**WRITING**			**READING**		
	EXCELLENT	**GOOD**	**POOR**	**EXCELLENT**	**GOOD**	**POOR**	**EXCELLENT**	**GOOD**	**POOR**	**EXCELLENT**	**GOOD**	**POOR**

MEDICAL (PLEASE, ADVISE OF ANY SERIOUS/CONTAGIOUS ILLNESS OR DISABILITY AND LIST ANY MEDICATION USED ON A PERMANENT BASIS)

EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT EMPLOYMENT)				
FROM (DD/MM/YYYY)	**TO (DD/MM/YYYY)**	**EMPLOYER**	**ADDRESS**	**POSITION HELD**

REFEREES (APPOINTMENT IS SUBJECT TO RECEIPT OF SATISFACTORY REFERENCES, ONE OF WHICH MUST BE FROM YOUR MOST RECENT EMPLOYER)			
	REFEREE 1	**REFEREE 2**	**REFEREE 3**
NAME, TITLE			
POSITION HELD			
INSTITUTION/ORGANIZATION			
ADDRESS			
EMAIL ADDRESS			
TELEPHONE NUMBER			
MOBILE NUMBER			
MAY REFEREE BE CONTACTED? (YES/NO)			

Application Form

WHERE DID YOU SEE THE ADVERT FOR THIS POST?

Declaration: I, the undernoted signatory, hereby certify that the information provided above and in the attached documents is correct. I understand that any deliberate falsehood could lead to termination of my employment contract with the University and that any offer of employment is subject to the receipt of satisfactory references and security check.

NAME	**SIGNATURE**	**DATE** **(DD/MM/YYYY)**