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شركة سعودي اوجيه المحدودة
SAUDI OGER LTD.



Reference No. :

Date :

Employment Application For New Graduates & Trainees

In order to consider your application appropriately, it is important that you complete each section of the form. Kindly indicate "N/A" Where applicable.

POSITION APPLIED FOR

Title	Expected Salary	Date Available
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PERSONAL DATA

Full Name (First) (Middle) (Family)

Date of Birth (day, month, year) Place of Birth Nationality

Address Marital Status
 Single Married Divorced

Contact No. Tel Fax No. of Children

e-mail Sex Male Female

EDUCATION

School Highest grade successfully completed Year graduated

College No. of years year graduated Degree Major

University No. of years year graduated Degree Major

Institution Type Speciality Duration Diploma

Other vocational training

EMPLOYMENT HISTORY

1-Name of Employer Position Held

Date joined (day, month, year) Date left (day, month, year) Last Salary

2-Name of Employer Position Held

Date joined (day, month, year) Date left (day, month, year) Last Salary

3-Name of Employer Position Held

Date joined (day, month, year) Date left (day, month, year) Last Salary

LANGUAGES

Arabic Spoken Good Fair Poor Written Good Fair Poor

English Spoken Good Fair Poor Written Good Fair Poor

Other specify

REFERENCES (List names and addresses of 3 references 2 of which must be work related)

Name	Occupation	Address

NEXT OF KIN (To be contacted in case of emergency)

Address

Tel Fax

HEALTH RECORD

Height Weight Blood Group

Have you had any serious illness in the past 10 years? Yes No
if yes, indicate

Have you undergone any major surgical operations? Yes No
if yes, indicate

LEGAL RECORD

Have you ever been convicted of a criminal offense? Yes No
if yes, when and where

ADDITIONAL REMARKS (Please write any additional information regarding your skills and experience to support your application)

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I, the undersigned, hereby certify that the statements and information given in this application are true, completed and correct to the best of my knowledge and belief. I agree that any false or misleading information may result in my dismissal from any appointment made.

.....
Signature of Applicant

.....
Date

FOR OFFICIAL USE ONLY

Information Received:

- | | |
|---|--|
| <input type="checkbox"/> Copies of Degrees obtained | <input type="checkbox"/> Copy of Iqama (if applicable) |
| <input type="checkbox"/> Copies of Work Experience Certificates | <input type="checkbox"/> Letter of No Objection (if applicable) |
| <input type="checkbox"/> Copy of I. D. | <input type="checkbox"/> Copy of Driving Licence (s) (if applicable) |
| <input type="checkbox"/> Copy of Passport | <input type="checkbox"/> Copy of CV / Bio Data |

Checked by Signature Date

Management's Remarks

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