

APPLICATION FORM

Please forward the completed form to: Administration Department, Port of Fujairah, PO Box 787, Fujairah, U.A.E.
Fax ++971 (9) 2228811, Tel. ++971 (9) 2228800. For further information access the internet at <http://www.fujairahport.ae>

Position(s) Applied For:

Media Source: How did you hear about the Port Of Fujairah? *Please be specific.*

Name of publication/source of referral:

Availability: Should you be selected, when would you be available to take up employment?

Section I Personal Information

Title Dr / Prof / Mr / Mrs / Ms / Miss

First Name(s)

Surname/Family Name

Gender Male / Female **Date of Birth** day / month / year

Status Single / Engaged / Married / Separated / Divorced / Widowed / Common Law

Contact Information

Current Mailing Address

Home Address (if different from Current Mailing Address)

City:
Province/County/State/Emirate:
Country:

City:
Province/County/State/Emirate:
Country:

Postal Code/Zip Code:

Postal Code/Zip Code:

	Country	Area	Number
Residence Telephone No:			
Business Telephone No:			
Mobile/Cellular No:			
Fax Number:			

	Country	Area	Number
Residence Telephone No:			
Business Telephone No:			
Mobile/Cellular No:			
Fax Number:			

Contact Email Address: **Other Email Address:**
 Contact email address may be used for communication with me about this application YES .. NO ..

Citizenship Details

Country of Residence:
Passport Nationality:

Country of Birth:
Valid Passport YES .. NO ..
Expiry Date:

Applicant's Parent's Names in Full (even if deceased)

Mother's Full Name:

Father's Full Name:

Family Information (Where necessary, please provide a separate list for additional children.)

	Date of Birth	Gender	Nationality	If Successful, Will Accompany You?
Spouse		Male / Female		Yes / No
Child 1		Male / Female		Yes / No
Child 2		Male / Female		Yes / No
Child 3		Male / Female		Yes / No

Section II Academic and Professional Qualifications

Academic Qualifications *(Most recent to least recent)*

Undergraduate, Graduate, and Post-Graduate Qualifications

From		To		Institution/Country	Qualification	Major/Subject
Month	Year	Month	Year			

Note: Should an offer of employment be extended to you, we will verify your qualifications with the issuing institute.

Professional Development *(Most recent to least recent)*

Please identify recent courses or professional development seminars attended.

Courses/Professional Development

From		To		Institution/Country	Qualification	Major/Subject
Month	Year	Month	Year			

Subject/ Courses taught *List subjects/courses that you have taught or are qualified to teach:*

Computer Skills *Indicate software applications with which you are familiar and your level of proficiency ie. excellent, good, fair, poor. Also, indicate computer hardware (i.e. Macintosh, PC, mainframe systems) with which you are familiar.*

Languages *Describe your language proficiency (ie: excellent, good, fair, poor)*

	Reading	Writing	Spoken
English			
Arabic			

Current Driving License *Indicate type, country, and date of issue.*

Salary *Indicate expected monthly salary and other benefits.*

Please complete ALL sections in full.

Section III

Professional / Work Experience

Please commence with your most recent employer. If additional space is required, please continue on a separate sheet.

On a separate sheet of paper, please explain the reasons for any break in employment exceeding three months.

From		To		Academic Institution/Company Country and Position Held	Brief Description of Duties and Reason for Leaving	Salary / Benefits
Month	Year	Month	Year			
					Reason for Leaving	
					Reason for Leaving	
					Reason for Leaving	
					Reason for Leaving	
					Reason for Leaving	
					Reason for Leaving	

Section IV Other Background Information

Medical History of Self and Dependents: Please advise of any serious illnesses/conditions, and any treatment or medication you and/or family members are receiving. **YES / NO**

Criminal Record: Do you have a police, court, or criminal record or any actions pending against you? **YES / NO**
If yes to the above, please provide details on a separate sheet.

Friends or Relatives: Do you have friends or relatives working for the Port Of Fujairah? **YES / NO**
 Please give names.

Previous Application: Have you previously applied to the Port Of Fujairah? **YES / NO**
 Please indicate the date.

References: Appointment is subject to the receipt of satisfactory recent references, one of which must be from your current employer or immediate supervisor. Please indicate if references are not to be contacted without your further permission.

	Reference 1 Employer/Supervisor	Reference 2 Employer/Supervisor	Reference 3 Employer/Supervisor
Name			
Relationship			
Position/Title			
Institution/Company			
Address			
Country			
Telephone (H)			
Telephone (B)			
Fax			
Email Address			
Referee may be contacted?	Yes / No	Yes / No	Yes / No

Section V Declaration

I certify that the information provided above is correct. I understand that any deliberate false statements could lead to termination of contract. I understand that any offer of employment is subject to receipt of references, employment visa and completion of a Government medical examination after arrival in the UAE.

Signature:

Date:

Day/Month/Year

Note: A copy of passport and 2 personnel photos required, as well as a copy of certificates.

APPLICANT PROFILE

Please note the following questions do not necessarily relate to your work experiences.

1. Describe what major contribution you feel you could make to the Fujairah Port in the United Arab Emirates.
2. What is your greatest achievement to date and why do you regard it as such?
3. Describe yourself in the words of an imaginary, fair and impartial critic.
4. Why are you interested in a position with the Port Of Fujairah? (If an overseas applicant, why are you considering a career move to the Middle East, and to the United Arab Emirates, in particular?)
5. What are your hobbies and interests?