



NOTRE DAME
UNIVERSITY
— LOUAIZE —
جامعة السيدة
اللويزة

FACULTY APPLICATION FOR APPOINTMENT

Answer all questions completely. Type or print answer.

Position Applied for

Date Available

Annual Salary Expected

PERSONAL DATA

Name

Social Security No.

Last

First

Middle (Father)

Date of Birth

Nationality*

Other Nationality*

Gender*

Religion*

Month

Day

Year

☐ Male

☐ Female

Country of Birth

Marital Status*

☐ Married

☐ Separated

☐ Single

☐ Divorced

☐ Widowed

Home Address: Building _____ Street _____ City _____

State _____ Country _____ P.O. Box _____ Tel: _____

Mailing Address (if different from above) _____

Number

Date of Issue

Place of Issue

Date of Expiration

Identity Card

Month

Day

Year

Passport

Month

Day

Year

Month

Day

Year

Father's Name _____ Nationality _____

Mother's Name _____ Nationality _____

Spouse Name (if wife, maiden name) _____ Date of Birth _____

Nationality _____ Occupation _____

Health Record (Certificate of good health is required prior to appointment)

Do you have any physical disability? ☐ Yes ☐ No if yes, describe _____

Have you had a major illness or hospitalization in the past five years? ☐ Yes ☐ No If yes, describe _____

How many days of work have you missed in the past two years? _____

Person to be notified in case of emergency: _____

Name

Address

Relationship

Telephone No.

Were you previously employed by NDU?

☐ Yes

☐ No

Who recommended NDU to you? _____

List any relatives employed at NDU _____

CHILDREN

Name	Gender	Date of Birth	Single/Married	Working	Living at Home

ACADEMIC RECORD

Name of Institution	Location	Field of Specialization	Degree Earned	Date Received

LANGUAGE PROFICIENCY (State whether Fair, Good or Excellent)

Speak	Read	Write
Arabic _____		
English _____		
French _____		
Others _____		

Office Skills (list office machines or equipment you are qualified to operate): _____

Computer Skills (list computer applications you are qualified to operate): _____

TEACHING | OTHER EXPERIENCE

Name and Country of Institution	Position	Dates From-To	Annual Salary	Reason for Leaving

Membership in Professional Organizations _____

List graduate scholarships, degrees, societies and publications

Research interests and plans _____

List your hobbies, skills and interests _____

List two references (other than relatives)

Name	Address and Telephone No.	Occupation

Please use the space below for any additional information which you feel will assist us in evaluating your qualifications including further information concerning your teaching experience outlined above.

I hereby declare that the information given above is true, complete and correct to the best of my knowledge. I, further, understand that any misinterpretation or material omission made is sufficient cause for cancellation of the application and for termination of any appointment, without notice, if employed.

Date

Signature of Applicant

Required Documents

The following documents must be presented with this application:

1. Letter of Intent including the personal teaching and research philosophy
2. Detailed C.V.
3. Two recent photographs
4. Photocopy of the Identity Card or Passport
5. Photocopy of the diplomas/degrees, certified by the Ministry of Higher Education
6. Two recent recommendations
7. List of publications (if any)

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