



إتترناشونال سكول الكورة
INTERNATIONAL SCHOOL - AL KOURA

Beitroumine, Fouad Sleiman Street
Al Koura, Lebanon

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بيترومين ، شارع فؤاد سليمان
الكورة ، لبنان

Upload Photo Here

Employment Application Form

Personal Information

* All fields are required enter N/A where field is Not Applicable.

FULL NAME _____
First Middle Last

D.O.B _____ SEX ☐ Male ☐ Female
Day Month Year

HOME PHONE _____ MOBILE _____ EMAIL _____

ADDRESS _____
Street Town/City

MARITAL STATUS ☐ Single ☐ Married ☐ Divorced _____
Other

IF APPLICABLE _____
Name of Spouse Company / Business Job Title

CHILDREN (if applicable)

1 _____
2 _____
3 _____
4 _____
5 _____

Name of Child Age School they attend

CURRENT EMPLOYMENT STATUS ☐ Employed ☐ Unemployed _____
What is your expected salary?

Education

	Degree Attained	Year Completed
Name of Secondary / High School		
Name of College / University		
Name of Graduate Studies (if applicable)		



Extra-Curricular Interests

☐ Music / Drama

☐ Student Clubs

☐ School Publications

Other _____

Employment History

TEACHING ROLES _____

Name of School

Subject Levels

Date (from/to)

OTHER ROLES _____

Organization

Job Title

Date (from/to)

SUBJECTS YOU ARE QUALIFIED TO TEACH: _____

About this Application

ROLES YOU ARE SEEKING: _____

EMPLOYMENT TYPE

☐ Full-time

☐ Part-time

STATE HOW YOU CAN
CONTRIBUTE OUTSIDE
YOUR NORMAL DUTIES:

☐ Saturdays

☐ Extra
Hours

☐ After
School
Activities

REFERENCES

[NOT RELATED TO YOU]

		Phone Number:
		Email:
		Phone Number:
		Email:
		Phone Number:
		Email:

Name

Job Title

Contact Details

PLEASE WRITE A PARAGRAPH EXPLAINING YOUR INTEREST IN WORKING AT I.S.



Other Information

ARE YOU REGISTERED IN THE LEBANESE TEACHERS "INDEMNITY FUND"?

☐

Yes

☐

No

IF "YES" STATE YOUR MONTHLY SALARY AT THE "INDEMNITY FUND" IN LBP

ARE YOU A MEMBER OF THE "TEACHERS' SYNDICATE"?

☐

Yes

☐

No

PLEASE INCLUDE THE FOLLOWING IN YOUR APPLICATION:

☐

Copy of your current Curriculum Vitae (CV)

☐

Photo

☐

Copy of your Identification (Passport and/or Lebanese Identity Card)

☐

Medical Report

☐

Copies of all degrees/qualifications pertaining to this application

Declaration

I, the undersigned, do hereby state that the above information is true.

NAME [PLEASE PRINT] _____

DATE _____

Day / Month / Year

SIGNATURE _____

Digital Signature or Initials

For Administrative Use Only

DEMO (IF APPLICABLE)

☐

Yes

☐

No

INITIAL IMPRESSION

COMMENTS

ADMINISTRATOR SIGNATURE _____ DATE _____

Day / Month / Year