



JEDDAH KNOWLEDGE INTERNATIONAL SCHOOL

Jeddah Knowledge International School
General Directorate of Education
Jeddah, Saudi Arabia
Tel: +966 2 6917367
Fax: +966 2 6913974
P.O. Box 7180 Zip Code 21462
www.jks.edu.sa

Mailing Address:
Al Salamah District
Amir Sultan St.
Jeddah 21462
Kingdom of Saudi Arabia
jksinfo@jks.edu.sa

License No.: Girl's Section 4311440010
License No.: Boy's Section S249

Date : _____

Clear Recent
Photo

EMPLOYEE APPLICATION FORM

POSITIONS APPLIED FOR

Position (order by preference)	Department		
	Elementary School	Middle School	High School
1			
2			
3			
4			

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Dual Nationality: YES NO Country of Origin: _____

Nationality: _____ Date of Birth: _____

Religion: _____ Gender: _____

Marital Status: SINGLE MARRIED WIDOWED DIVORCED

Name of Spouse: _____

Number of Children: _____

Gender and Age:

Child 1: MALE FEMALE _____ Years

Child 2: MALE FEMALE _____ Years

Child 3: MALE FEMALE _____ Years

Pursuing Excellence in Education

Accredited by the Council of International Schools (CIS) and New England Association of Schools and Colleges (NEASC)





JEDDAH KNOWLEDGE INTERNATIONAL SCHOOL

Jeddah Knowledge International School
General Directorate of Education
Jeddah, Saudi Arabia
Tel: +966 2 6917367
Fax: +966 2 6913974
P.O. Box 7180 Zip Code 21462
www.jks.edu.sa

Mailing Address:
Al Salamah District
Amir Sultan St.
Jeddah 21462
Kingdom of Saudi Arabia
jksinfo@jks.edu.sa

License No.: Girl's Section 4311440010
License No.: Boy's Section S249

ADDITIONAL INFORMATION

Passport Number: _____	Place of Issuance: _____
Date of Issuance: _____	Expiry Date: _____
Legal Documents (local applicants only):	
Iqama Number: _____	Place of Issuance: _____
Date of Issuance: _____	Expiry Date: _____

CONTACT INFORMATION

Present Address: _____	
Home Number: _____	Work Phone: _____
Mobile Number: _____	Fax Number: _____
Email Address: _____	
Person to contact in case of emergency:	
Contact Person: _____	Relationship: _____
Contact Number: _____	
Other Contact Information:	
Name, address and contact details of SOMEONE WHO WILL ALWAYS KNOWS YOUR WHEREABOUTS:	
Contact Person: _____	Relationship: _____
Contact Number: _____	Email: _____

Pursuing Excellence in Education

Accredited by the Council of International Schools (CIS) and New England Association of Schools and Colleges (NEASC)





JEDDAH KNOWLEDGE INTERNATIONAL SCHOOL

Jeddah Knowledge International School
General Directorate of Education
Jeddah, Saudi Arabia
Tel: +966 2 6917367
Fax: +966 2 6913974
P.O. Box 7180 Zip Code 21462
www.jks.edu.sa

Mailing Address:
Al Salamah District
Amir Sultan St.
Jeddah 21462
Kingdom of Saudi Arabia
jksinfo@jks.edu.sa

License No.: Girl's Section 4311440010
License No.: Boy's Section S249

Smoking

Non Smoking

Health:

Please tick if you have

Diabetes

High Blood

Cholesterol

Previous Cancer

EMPLOYMENT HISTORY

Present to Previous

Date: From ____ / ____ / ____ To ____ / ____ / ____

Name of Institution: _____

Country: _____ Position Held: _____

Brief Job Description:

Date: From ____ / ____ / ____ To ____ / ____ / ____

Name of Institution: _____

Country: _____ Position Held: _____

Brief Job Description:

Pursuing Excellence in Education

Accredited by the Council of International Schools (CIS) and New England Association of Schools and Colleges (NEASC)





JEDDAH KNOWLEDGE INTERNATIONAL SCHOOL

Jeddah Knowledge International School
General Directorate of Education
Jeddah, Saudi Arabia
Tel: +966 2 6917367
Fax: +966 2 6913974
P.O. Box 7180 Zip Code 21462
www.jks.edu.sa

Mailing Address:
Al Salamah District
Amir Sultan St.
Jeddah 21462
Kingdom of Saudi Arabia
jksinfo@jks.edu.sa

License No.: Girl's Section 4311440010
License No.: Boy's Section S249

EDUCATION

<u>Universities / Colleges</u>	<u>Field of Study</u>	<u>Date / Year</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>Secondary School Attended</u>	<u>Date Graduated</u>		
_____	_____		
<u>Special Courses / Workshops Attended</u>	<u>Inclusive Date(s)</u>		
_____	_____		
_____	_____		
_____	_____		

OTHER INFORMATION

Please indicate previous experience with: AP IB DP MYP PYP IGCSE GCSE

Please indicate total months of experience working with children or adolescents: _____

Total years of FULL TIME teaching: _____ Total years of administrative experience: _____

Able to be a Sports Coach: YES NO

Have you been hospitalized during the last five years? YES NO

If YES, please do specify: _____

Do you have any illness/commitment which could potentially cause difficulty in fulfilling a contract of one or two years? YES NO

If YES, please state the reason(s): _____

REFERENCES

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Contact Number</u>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Pursuing Excellence in Education

Accredited by the Council of International Schools (CIS) and New England Association of Schools and Colleges (NEASC)

