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|  **APPLICATION FOR EMPLOYMENT** |
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| **EMPLOYMENT APPLICATION**  |
| PRIVATE & CONFIDENTIAL Complete all sections in INK using CAPITAL LETTERS |
| **POSITION**  |   |
| Position Applied For |   |
| Requested Place of Work |   |
| Type of Employment |  Full Time Part Time |
|  (delete as applicable) |  Permanent Seasonal |
| When can you start work? |   |
| **APPLICANT** |   |
| Last Name |   |
| First Name (s) |   |
| Previous Last Name (s) |   |
| Home Address |   |
| Telephone (home) |   |
| Telephone (mobile) |   |
| Email |   |
| Date of Birth |   |
| Identity Card Number |   |
| Social Insurance Number |   |
| Military Service Completed |  Yes No N/A  |
| Period of Service |  From / To / |
| Rank at Discharge |   |
| Marital Status |  Single Married |
| Entitled to work in Cyprus? |  Yes No  |
| Valid driving License? |  Yes No  |
| Do you own a car? |  Yes No  |
| Can you work shifts? |  Yes No  |
| Who referred you to us? |   |
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| **EMPLOYMENT APPLICATION**  |
| PRIVATE & CONFIDENTIAL Complete all sections in INK using CAPITAL LETTERS |

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| **HEALTH** |   |
| General Health  |  Excellent Good  |
| (delete as applicable) |  Fair Poor  |
| Details of any health problems |   |
| that could affect your work |   |
| Height (cm) & weight (kgs) |  cm kgs |
| **LANGUAGES** |   |
| Language(s) and skill level |  Spoken Written Understanding |
|   | Good Ok Poor Good Ok Poor Good Ok Poor |
| Greek |   |
| English |   |
|   |   |
|   |   |
|   |   |
|   |   |
| **REFERENCES** |   |
| Details of two references, who have known you for at least 5 years (do not list relatives) |
| Name & Address | Telephone Company Position |
|   |   |
|   |   |

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| **EMPLOYMENT APPLICATION**  |
| PRIVATE & CONFIDENTIAL Complete all sections in INK using CAPITAL LETTERS |
| **HEALTH** |   |
| General Health  |  Excellent Good  |
| (delete as applicable) |  Fair Poor  |
| Details of any health problems |   |
| that could affect your work |   |
| Height (cm) & weight (kgs) |  cm kgs |
| **LANGUAGES** |   |
| Language(s) and skill level |  Spoken Written Understanding |
|   | Good Ok Poor Good Ok Poor Good Ok Poor |
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| **REFERENCES** |   |
| Details of two references, who have known you for at least 5 years (do not list relatives) |
| Name & Address | Telephone Company Position |
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| **EMPLOYMENT APPLICATION**  |
| PRIVATE & CONFIDENTIAL Complete all sections in INK using CAPITAL LETTERS |
| **EDUCATION**  |   |   |   |   |   |   |   |
| **SECONDARY EDUCATION**  |   |   |   |   |   |   |   |   |
| Name of school |   |   |   |   |   |   |   |   |
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| **FURTHER EDUCATION** |   |   |   |   |   |   |
| Name of University/College |   |   |   |   |   |   |
| Period of Attendance  |  From / |   |  To / |   |
| Examinations Taken |   |   |   |   |   |  Grade |
|   |   |   |   |   |   |   |   |   |
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| **CURRENT OR LAST EMPLOYMENT** |   |   |   |   |   |
| Name of Employer |   |  |  |   |   |  |   |
| Period of Employment  |  From /  |   |  To /  |
| Position Held |   |   |   |   |   |  Salary |
|   |   |   |   |   |   |   |   |   |
|   |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
|   |   |   |   |   |   |   |   |   |
| Reason for Leaving |   |   |   |   |   |   |   |
| Can we ask you current or last employer for a reference? |   |  Yes No |   |
| **EMPLOYMENT APPLICATION**  |  |  |  |  |  |  |
| PRIVATE & CONFIDENTIAL Complete all sections in INK using CAPITAL LETTERS |  |  |  |  |  |  |
| **PREVIOUS EMPLOYMENT** |   |   |   |   |   |   |
| Company Name and Position Held |  From |  To |
|   |   |   |   |   |  / |  / |
|   |   |   |   |   |  / |   |  /  |
|   |   |   |   |   |  / |  /  |
|   |   |   |   |   |  / |  / |
| Please explain why you would like the job and any other comments about yourself |   |
|   |  |  |  |  |  |  |  |   |
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|   |  |  |  |  |  |  |  |   |
| Please attach a recent photo |   |   | By signing below, I confirm that all of the information contained in this  |
|   |  |   | Application for Employment is correct and up to date: |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  …………………………………………. |  |   |
|   |  |   |  Signature of Applicant |  |  |   |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  …………………………………………. |  |   |
|   |   |   |  Date of Application  |   |   |   |
|  |  **Thank you for completing your application** |   |   |
|   |   | Call for interviews? |   |  Yes |  No |   |
| For office use only: | Interview Date & Time: |   |  |   |  |  |   |
|   |   | Attendance Confirmed? |   |   |   |   |   |   |