



Grand Hotel

58, St. Anthony Street
 Ghajnsielem, Gozo, GSM 9026
 Tel: +356 22161000
 Mob: +35679563840

EMPLOYEMENT APPLICATION FORM

PERSONAL INFORMATION

NAME (<i>Last name, First name Middle Initial</i>)		POSITION APPLYING
ADDRESS (<i>Number, Street, City, Postcode</i>)		
TELEPHONE (<i>Home</i>)	TELEPHONE (<i>Mobile</i>)	EMAIL ADDRESS

EDUCATION (*most recent*)

Level	School Name	Period (Year)		Degree
		From	To	

WORK EXPERIENCE (*latest 3 only*)

Company / Location	Date (Year)		Position	Reason for Leaving
	From	To		
1.				
<Company Address>				
				<i>Salary on Leaving: €</i>



2.				
				<i>Salary on Leaving: €</i>
3.				
				<i>Salary on Leaving: €</i>

LANGUAGE SPOKEN

LANGUAGE WRITTEN

Maltese Work Permit / Residence Card

Yes :

No :

Expiry Date: _____

Maltese Driving License

Yes :

No :

Other:

Signature: _____

Date: _____