

### Exercise 3: Application form

#### 1. Personal Information

Name:			
Date of birth (dd/mm/yy) :			
City of birth:			
Country of birth :			
Nationality :			
Height :			
Weight :			
Male	Female	Married	Unmarried
Driver's License:	Yes	No	
Complete home address:			
Home phone:			
Emergency contact name:			
Emergency contact phone:			
Have you ever travelled outside your country? Yes No			
If yes, state countries visited, reason and length of stay.			
Have you ever been arrested? Yes No			
Have you ever been convicted of any crime? Yes No			

## 2. Education

List all educational institutes you have already attended (school, college, university).

List all qualifications you have already achieved (grades, courses, awards, credits).

List any additional skills or experience you have.

Are you currently a full-time student? Yes No

## 3. Employment

Have you ever been employed in your home country? Yes No

List your jobs and the names of the companies.

#### 4. Medical Information

Have you ever had any illness, injury or operation?			
Do you have any physical disabilities?			
Are you presently on any medication?    Yes <span style="float: right;">No</span>			
If yes, please describe.			
Have you ever had a nervous breakdown, depression or a mental disorder?			
Yes <span style="margin-left: 100px;">No</span>			
If yes, please describe.			
Have you ever had an eating disorder?    Yes <span style="float: right;">No</span>			
If yes, please describe.			
Do you have any dietary restrictions?    Yes <span style="float: right;">No</span>			
If yes, please describe.			
Do you have any allergies?    Yes <span style="float: right;">No</span>			
If yes, please describe.			
Do you have any visible tattoos or body piercings?    Yes <span style="float: right;">No</span>			
I smoke.			
never	socially	occasionally	regularly
Are you prepared not to smoke during work?    Yes <span style="float: right;">No</span>			
I drink alcoholic beverages.			
never	socially	occasionally	regularly

### 5. Skills

Please mark the positions below in which you have experience (e) and those in which you are willing to work (w).	
Cook Waiter/Waitress Painting Room Cleaning Laundry Reception Duties Guest Services	Secretarial/Office Security Auto Mechanics Driver Children's Host Pool Cleaner Lifeguard
Other	

### 6. Affirmation

I certify that the above information is true and correct and was given to the best of my knowledge. I confirm that I am physically and mentally healthy.  Date:  Signature:
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