

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 No
If yes, please describe.
Have you ever had a nervous breakdown, depression or a mental disorder?
Yes No
If yes, please describe.
Have you ever had an eating disorder? Yes No
If yes, please describe.
Do you have any dietary restrictions? Yes No
If yes, please describe.
Do you have any allergies? Yes No
If yes, please describe.
Do you have any visible tattoos or body piercings? Yes No
I smoke. never socially occasionally regularly
Are you prepared not to smoke during work? Yes No
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	Secretarial/Office
Waiter/Waitress	Security
Painting	Auto Mechanics
Room Cleaning	Driver
Laundry	Children's Host
Reception Duties	Pool Cleaner
Guest Services	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: