



Smile Coop Sociale Via De' Bononcini 70/A - 41124 Modena – Italia
Tel +39 059 363868 Fax +39 059 3682140
e-mail: smile_modena@yahoo.it- www.smilemodena.com -
www.smiletheatresociety.com

Application Form

(please complete in capital letters)

Full name: _____

Place of Birth: _____ Nationality: _____

Date of Birth: ____/____/____ Passport no: _____

Mobile number:

0	0	4	4												
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address: _____ @ _____

Home Address: _____

Home telephone number: 0044 _____

Please list all your qualifications:

Date Obtained	Qualification	Subject	Grade

Please give details of any other relevant qualifications you may hold (e.g. First Aid, **music, sport**):

Please list your work history (starting with the most recent):

Employer	Job Title	Description of Duties	Dates from and to	Reason for leaving

Why do you want to work with children? _____

Can you give an example of a time when you have worked with children? _____

How did you find that experience? _____

What have you learnt from your work with children? _____

How would you apply that knowledge to this job if you were successful? _____

What are your hobbies? _____

Do you play an instrument? _____

Do you have any dietary requirements? _____

Are you applying with a friend? If so, who? _____

Any other comments: _____

Please attach a written reference from your most recent, relevant job.

Date: _____

Signature: _____