

# **EMPLOYEE REGISTRATION FORM**

## PLEASE COMPLETE ALL SECTIONS OF THE REGISTRATION FORM AS THE INFORMATION PROVIDED ON THIS FORM W ILL BE USED AS PART OF THE SELECTION PROCESS. INCOMPLETE APPLICATIONS W ILL NOT BE CONSIDERED FOR EMPLOYMENT.

## PLEASE PRINT CLEARLY USING CAPITAL LETTERS. USE ONLY BLUE OR BLACK INK.

FIRST NAME					
MIDDLE NAME					
LAST NAME					
DATE OF BIRTH	GE	NDER MALE			
		FEMALE			
ADDRESS					
CITY					
ZIP					
COUNTRY					
HOME PHONE	Ν	OBILE PHONE			
		HOW OFTEN DO YOU CHECK IT:			
E-MAIL	но	W OFTEN DO YOU CHEC	K IT:		
	HC		K IT:		
	NAME AND PHONE NUMBER ( FAMILY MEI		K IT:		
EMERGENCY CONTACT	NAME AND PHONE NUMBER ( FAMILY MEI		K IT:		
EMERGENCY CONTACT ARE YOU AVAILABLE TO REGULAR FULL-TIME REGULAR PART-TIME	NAME AND PHONE NUMBER ( FAMILY MEI WORK: E E (PLEASE SPECIFY)		K IT:		
EMERGENCY CONTACT ARE YOU AVAILABLE TO REGULAR FULL-TIME	NAME AND PHONE NUMBER ( FAMILY MEI WORK: E E (PLEASE SPECIFY)		K IT:		
EMERGENCY CONTACT ARE YOU AVAILABLE TO REGULAR FULL-TIME REGULAR PART-TIME	NAME AND PHONE NUMBER ( FAMILY MEI WORK: E E (PLEASE SPECIFY)		K IT:		
EMERGENCY CONTACT ARE YOU AVAILABLE TO REGULAR FULL-TIME REGULAR PART-TIME TEMPORARY (PLEAS	NAME AND PHONE NUMBER ( FAMILY MEI 9 WORK: 5 5 (PLEASE SPECIFY) 5 E SPECIFY)	MBERS PLEASE )	K IT:		
EMERGENCY CONTACT ARE YOU AVAILABLE TO REGULAR FULL-TIME REGULAR PART-TIME TEMPORARY (PLEAS MO	NAME AND PHONE NUMBER (FAMILY MEI WORK: E E (PLEASE SPECIFY) SE SPECIFY) TU FR	MBERS PLEASE ) WE SA	K IT:		

# EDUCATION

SECONDARY SCHOOL	DATES OF ATTENDANCE	COMPLETED	MAJOR COURSE OF STUDY
COLLEGE/UNIVERSITY	DATES OF ATTENDANCE	COMPLETED	MAJOR COURSE OF STUDY

#### REFERENCES

Please give below the names and addresses of people to whom we may apply for information about your work, experience and attendance record and indicate your relationship. One of them must be your most recent or current employer (if previously employed). If you have just left school/college, you may supply details of your Head Teacher/Principal.

EMPLOYER	
ADDRESS	
CITY	ZIP
POSITION	DUTIES
DATE START	DATE FINISH
PHONE	NAME
EMPLOYER	
EMPLOYER ADDRESS	
	ZIP
ADDRESS	ZIP DUTIES
ADDRESS CITY	
ADDRESS CITY POSITION	DUTIES

EMPLOYER			
ADDRESS			
CITY		ZIP	
POSITION		DUTIES	
DATE START		DATE FINISH	
PHONE		NAME	
	DO YOU HAVE A PRINTER?	YES	
		NO	
DO YOU HAVE A VALID DRIVER'S LICENSE?		YES	
		NO	
DO YOU HAVE A MEANS OF TRANSPORTATION THAT WILL ALLOW YOU TO CONSISTENTLY ARRIVE AT WORK ON TIME?			YES
			NO

I certify that the above information (and any further information enclosed) is correct and I agree that the Employer may take reasonable steps to verify this information (e.g. by obtaining proof of qualifications). I agree to the Employer processing and retaining the personal information contained on this form for any purposes connected with my application.

SIGNED

DATE

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment depends solely on your qualifications.