

# Stones Health Centre and Beauty Salon

## EMPLOYMENT APPLICATION FORM

### Application Submission

1. Please make sure that you have answered/completed all fields marked with an asterisk (\*)
2. The form must be completed by the applicant
3. Please send the completed Application for Employment form together with your CV and copies of certificates/diplomas/degrees (if any) etc that you possess, by email at [info@cleopatra.com.cy](mailto:info@cleopatra.com.cy) or fax at Fax No: 22844222 or by post or personally to Cleopatra Hotel,  
8 Florinis street, 1065, Nicosia

### A. Job Position for which you apply

.....

### B. Personal/ Contact Details

\* Full Name

\* Permanent Address

\*Telephone \*(home)

(work)

\*(mobile)

\*Email Address:



Do you require a work permit to work in Cyprus?

Do you suffer from any serious illness or disability that could possibly be an obstacle for fulfilling your job tasks for the position you are applying for? (Please circle) YES/ NO

IF YES please explain:.....

.....

# Stones Health Centre And Beauty Salon

|  |
|--|
| <p>Have you applied to Stones Health Centre in the past? (Please circle) YES/ NO</p> <p>IF YES, state the position you applied for, date and outcome.....</p> <p>.....</p> |
| <p>Available start date for employment:.....</p>   |
| <p>* Have you ever been sentenced for a criminal offense that prescribes jail time? Please circle (YES/NO)</p> <p>IF YES please explain:.....</p> <p>.....</p>             |

## Γ. Education

| <b>1. Secondary Education</b>  |       |       |            |               |
|--|-------|-------|------------|---------------|
| High School  | From  | Until | Department | Average Grade |
| .....  | ..... | ..... | .....      | .....         |
| .....  | ..... | ..... | .....      | .....         |
| <b>2. Higher Education (e.g. degree title, master degree title, etc)</b> |       |       |            |               |
| College/University   | From  | To    | Department | Average Grade |
| .....  | ..... | ..... | .....      | .....         |
| .....  | ..... | ..... | .....      | .....         |
| .....  | ..... | ..... | .....      | .....         |

# Stones Health Centre and Beauty Salon

## Δ. Professional qualifications

(Important seminars, workshops, educational programmes etc. that you have attended and are relevant to the position you are applying for)

|              |           |
|--------------|-----------|
| 1 Title..... | Date..... |
| 2 Title..... | Date..... |
| 3 Title..... | Date..... |

## E. Languages \*

Which of the following apply?

| Language skill | Greek  |         | English |         | Other..... |         |
|----------------|--------|---------|---------|---------|------------|---------|
|                | Verbal | Written | Verbal  | Written | Verbal     | Written |
| Fluent         |        |         |         |         |            |         |
| Very good      |        |         |         |         |            |         |
| Good           |        |         |         |         |            |         |

## ΣΤ. Other additional skills and qualifications (e.g. computer skills)

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## H. Employment History

Please start with your most recent employer

| Company Name and address | Date (From-Until) | Position/ Tasks/ Responsibilities |  |  |
|--------------------------|-------------------|-----------------------------------|--|--|
| 1.                       |                   |                                   |  |  |
|                          |                   |                                   |  |  |
|                          |                   |                                   |  |  |
|                          |                   |                                   |  |  |
| 2.                       |                   |                                   |  |  |
|                          |                   |                                   |  |  |
|                          |                   |                                   |  |  |
|                          |                   |                                   |  |  |
| 3.                       |                   |                                   |  |  |
|                          |                   |                                   |  |  |
|                          |                   |                                   |  |  |
|                          |                   |                                   |  |  |
| 4.                       |                   |                                   |  |  |
|                          |                   |                                   |  |  |
|                          |                   |                                   |  |  |
|                          |                   |                                   |  |  |

## O. References

|  |  |
|--|--|
| <p>Full Name:</p> <p>Position:</p> <p>Company:</p> <p>Signature:</p> | <p>Full Name:</p> <p>Position:</p> <p>Company:</p> <p>Signature:</p> |
|--|--|

YOUR PERSONAL DATA AND STONES HEALTH CENTER

**A. Keeping your personal data on file at Stones Health Center, CHI Management Ltd Ltd.**

I have received and read the privacy notice for the processing of personal data of job applicants for the companies Loucoullos Hotels Ltd and CHI Management Ltd.

Signature

Date