

Name _____

MCAST

Employment Application Form

POST _____

CLOSING DATE _____

***Please attach your employment history sheet
(obtainable from the ETC) to this application form***

PLEASE READ CAREFULLY

KINDLY NOTE THAT UNLESS YOU FILL IN THIS FORM, YOU WILL NOT BE CONSIDERED FOR THE POST. PLEASE ATTACH ALL CERTIFICATES TO THE FORM. USE BLACK INK AS THE FORM WILL BE PHOTOCOPIED.

PLEASE RETURN TO:

THE PRINCIPAL, MCAST MAIN CAMPUS, CORRADINO HILL, PAOLA PLA 9032

*Personal information provided on your application form is protected, and used in accordance with the provisions of the
Data Protection Act.*

PERSONAL DETAILS

Surname:	First Names:
Telephone number:	Mobile:
Address:	
Date of birth:	I.D. No.
E-mail:	

Please give the names of two referees. Preferably, one of them should be a recent employer.

Name of referee:	Occupation:
Address:	
Tel. No.	

Name of referee:	Occupation:
Address:	
Tel. No.	

If you are shortlisted, we may contact the referees indicated. If you do not wish that your current employer is contacted, please tick box.

EMPLOYMENT HISTORY

Please complete showing your most recent employer first, post held and dates

Name and address of employer:	
	Tel. No.:
Post held:	Date of appointment:
Main duties and responsibilities:	
Current salary	
Please indicate period of notice you are required to give	

Previous employers

Name and address of employer:	
	Tel. No.:
Post held:	Date of appointment:
Main duties and responsibilities:	

Name and address of employer:	
	Tel. No.:
Post held:	Date of appointment:
Main duties and responsibilities:	

Name and address of employer:	
	Tel. No.:
Post held:	Date of appointment:
Main duties and responsibilities:	

Name and address of employer:	
Tel. No.:	
Post held:	Date of appointment:
Main duties and responsibilities:	

Name and address of employer:	
Tel. No.:	
Post held:	Date of appointment:
Main duties and responsibilities:	

Name and address of employer:	
Tel. No.:	
Post held:	Date of appointment:
Main duties and responsibilities:	

Name and address of employer:	
Tel. No.:	
Post held:	Date of appointment:
Main duties and responsibilities:	

Name and address of employer:	
Tel. No.:	
Post held:	Date of appointment:
Main duties and responsibilities:	

SUPPORTING STATEMENT

Please state why you feel your qualifications, general experience and life skills make you a suitable candidate for this post. You are reminded of the importance of addressing the specification and selection criteria of the post.

Please continue on a separate sheet if necessary.

Full name _____

Signature _____

DECLARATION

I declare that the information given in this application is, to the best of my knowledge, complete and correct and I understand that any engagement offered will be subject to the College's regulations.

Signed:

Date:

Please note that if you have sent this form via e-mail and if you are successful in your interview, you will be required to sign your application form before accepting the post.

You will receive an acknowledgement of your application form.

For Office Use

Certificates	Originals checked	Photocopies attached
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Full Name _____

**If you have any difficulties please do not hesitate to contact the
Administrative Director on 23987100**

website: www.mcast.edu.mt **e-mail:** information@mcast.edu.mt