

Name _____

MCAST College 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 THIS POSITION. THE FORM WOULD BE FILLED IN BLACK INK AS THE FORM WILL BE PHOTOCOPIED. ALL CERTIFICATES MUST BE ATTACHED TO THE BACKPAGE OF THIS FORM.

PLEASE RETURN TO:

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

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 whom should be a recent employer.

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

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

If you are shortlisted, references may be taken up before interview. 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:	

Please continue overleaf if necessary

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 general experience and life skills make you a suitable candidate for this post. You are reminded of the importance of addressing the person specification selection criteria of the post.

Please continue on 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 his form via e-mail and you are successful in your interview, you must sign the copy before accepting the position.

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
Chief Administration Officer on 2398 7100
website: www.mcast.edu.mt e-mail: information@mcast.edu.mt**