

APPLICATION FORM

Please attach here a
Passport size photograph

Position/Department applied for _____ Ref.# _____

Full name of the applicant: _____

EGH _____

Current address: _____

E-mail address: _____

Telephone (mobile): _____

Minimum salary expected (net BGN): _____

When are you able to start working? _____

EDUCATION

(Start with the most recent degree, educational institution)

EDUCATIONAL INSTITUTION	DEGREE	SPECIALITY	PERIOD OF EDUCATION (FROM/TO)

TRAINING COURSES

(Please list any training courses you have taken that may be of advantage to your application)

NAME OF THE COURSE	PLACE OF TRAINING	PERIOD OF TRAINING (FROM/TO)

EMPLOYMENT HISTORY

(Start with the most recent job)

PERIOD OF EMPLOYMENT (FROM/TO)	POSITION	COMPANY

PROPRIETARY INFORMATION

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Descriptions of tasks		
REASONS FOR LEAVING		

PERIOD OF EMPLOYMENT (FROM/TO)	POSITION	COMPANY
Descriptions of tasks		
REASONS FOR LEAVING		

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Descriptions of tasks		
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PERIOD OF EMPLOYMENT (FROM/TO)	POSITION	COMPANY
Descriptions of tasks		
REASONS FOR LEAVING		

OTHER EXPERIENCE

(List any other experience and engagement – civil contracts, etc.)

PERIOD (FROM/TO)	POSITION	COMPANY

LANGUAGES

(Please tick at the appropriate place)

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Language	Fluently	Good	Fair	No
English				
Other				

COMPUTER LITERACY

(Please tick at the appropriate place)

Program	Advanced	Medium	Beginner	Years in use
MS Office				
Other –				

REFERENCES

(List three persons, who are familiar with your character and qualifications, previous employers, others. Do not list relatives)

(Please, provide this data for the purposes of your application only with the explicit consent of the respective persons)

FULL NAME	TELEPHONE NUMBER	BUSINESS OR OCCUPATION

Are you currently employed? Yes No (please tick)

May we contact your present employer? Yes No (please tick)

If yes, please give contact details (name, title, phone)

(Please, provide this data for the purposes of your application only with the explicit consent of the person)

Marital Status: _____

Children under the age of 6: Yes No (please tick)

Military Service: Yes No NA (please tick)

Driving License: Yes No (please tick)

Have you ever been convicted? _____

Do you have a chronic disease or illness that might influence your safety at the workplace?

Yes No (please tick)

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