

Application for employment Non-Academic

Application for the post of :

Ref:

(see advertisement)

Thank you for your interest in employment at the University of Neapolis. Please complete all sections of this application form in black ink to aid photocopying. If there is insufficient space for your information continue on a separate sheet of paper. If you wish to submit a CV, this should be in addition to completing the application form.

If you are a disabled person and require adjustments to be made to the selection process, please contact us on (357) 26 843300 to discuss your requirements. Please let us know if you require the documentation in an alternative format or by email.

Declaration

I confirm that the information provided is, to the best of my knowledge, true and complete, and understand that providing false or misleading information, or canvassing University employees, will disqualify me from appointment or, if appointed, could lead to dismissal without notice. In accordance with the Data Protection Law of the Republic of Cyprus the information provided on this form and in the accompanying papers will be used to assess my suitability for the post and, if employed, this information will form the basis of my employee personnel file. I understand that the information provided on this form may be entered onto a computerised database.

Signed *

Date

(type name if submitting electronically)

* If you are submitting this form electronically then you should note that in the absence of this signature the emailing of this application constitutes your personal certification that the details are correct.

Your details

Surname	Forename (s)	Title
Home address		Post Code
Home telephone	Work telephone	
Mobile telephone	Can we contact you at work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email	When is the best time to contact you?	
Do you require a work permit to work in Cyprus?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

References

Please give details of two referees, **one of whom must be your current employer or, if not currently employed, your most recent employer.** If this is your first job, one of the references should be from your lecturer/head teacher or similar. References will only be taken up for short-listed candidates. Appointments will be offered subject to satisfactory references.

Title and Name	Title and Name
Position	Position
Address	Address
Postcode	Postcode
Working Relationship	Working Relationship
Daytime Telephone	Daytime Telephone
Email	Email
Fax	Fax
May we contact this referee prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact this referee prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>

For office use only

Candidate number

Application for the post of :

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Current or most recent employment

Name and address of employer		
		Postcode
Position held	From (day/month/year)	To (day/month/year)
Period of notice / date able to start	Salary € a year	
Please summarise your current duties and responsibilities		

Previous employment

Start with your latest employer and list the work you have done previously in chronological order. Please detail any gaps in employment as fully as possible. If you have never been employed or have been unemployed for some time please give details of other experience or training. Please also provide details of any unpaid or voluntary work.

Dates		Name of employer and nature of business	Position held / duties and responsibilities
From (m/y)	To (m/y)		

Previous employment (continued from previous page)

Dates		Name of employer and nature of business	Position held / duties and responsibilities
From (m/y)	To (m/y)		

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Candidate number

Education, qualification and training

Secondary education		
Qualifications	Subjects	Level / grade

Further and higher education					
List both completed further and higher education and that currently being undertaken. If the period of study was longer than normal to obtain the qualification, explain e.g. part-time study.					
Dates		Academic qualification	Subject(s)	Level / grade	Institution / provider
From (m/y)	To (m/y)				

Professional qualifications / training courses					
List both completed professional qualifications and those currently being undertaken.					
Dates		Professional qualification	Subject(s)	Level / grade	Institution / provider
From (m/y)	To (m/y)				

Additional information in support of your application

Please read carefully the Further Particulars for the vacancy and provide any further evidence showing how you meet the selection criteria, given in the Person Specification, for the post. You should provide details of relevant skills, abilities, experience and knowledge that you have which will enable you to carry out the job effectively. These may be gained from your life and work experience (paid or unpaid), education, training or hobbies/interests. Continue on a separate sheet if necessary.

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Candidate number

Additional information in support of your application (continued)

Additional information

Where did you see this post advertised?

Please give details of any other post(s) at this university for which you have applied:

- By ticking this box I consent to my details being retained for consideration for future, similar vacancies. **Please note that applicants will not automatically be contacted should a similar vacancy arise and should continue to apply for vacancies advertised if interested.** All information will be held securely and confidentially and will be destroyed after six months.

Returning your application

Thank you for your interest in employment with Neapolis University.

Completed application forms must be returned by the closing date shown on the job advertisement to:

Human Resources Division
Neapolis University Pafos
2 Danais Avenue
8042, Pafos
CYPRUS

Fax: +357 26 931944

Email: hrd@nup.ac.cy

We will only acknowledge receipt of completed applications where a stamped addressed envelope is sent to us for this purpose.

The University is committed to ensuring that reasonable adjustments are provided, where appropriate and practicable, for any disabled employee in order that they can perform their duties effectively.

If you are a disabled person and require adjustments to be made to the selection process please contact us on (00357) 26843300 to discuss your requirements. Please let us know if you require the documentation in an alternative format or by email.

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Please complete the following information. This information will be kept separately from your job application form. If you are short-listed the information provided may be discussed at interview.

Sickness record

Please state how many days sickness absence you have taken within the past 12 months, indicating the length of each separate period of absence, the reasons for absence and the month the absence occurred in. Information supplied will be confirmed with your current/most recent employer when calling for a reference. Any offer of appointment will be subject to the satisfactory completion of a health questionnaire.

Criminal record

Do you have any criminal convictions?

Yes **No**

If **Yes** please give details

A criminal record will not necessarily be a bar to appointment within the University.

Termination of previous employment

Have you ever left a job for any reason other than resignation or end of a fixed term contract?

Yes **No**

If **Yes** please give details

Equal opportunities monitoring form

The University of Neapolis is committed to equality of opportunity and will consider applications solely on the basis of merit and the ability to do the job. **The data collected here is used for Equal Opportunities Monitoring only and will be kept separately from your application form.** It will assist the University to support and encourage under-represented groups and promote diversity.

Please complete the sections below and tick the boxes where appropriate.

Personal Details

Date of Birth

Gender

Male

Female

Passport or Identity Card No. and Issue Date

Disability

Have you a disability ?

Yes No

When answering this question please note that you are considered to be disabled if you have a mental or physical impairment which has a substantial and long term adverse effect upon your ability to carry out normal day to day activities.

If **Yes** what is your impairment? Please tick any of the following that apply:

Mobility/wheelchair user

Blind/partially sighted

Deaf/hearing impairment

Autism/mental health/learning difficulty

Unseen impairment
(e.g. diabetes/heart disease/epilepsy/ dyslexia)

Other impairment *

*Please specify:

Ethnic Background

Country of Birth
Nationality

Thank you for completing this section of the form which will be detached and kept separately from your job application form.