

# 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 fax at Fax No: 22844222 or by post to Cleopatra Hotel, 8 Florinis street, 1065, Nicosia

### A. Job Position for which you apply

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### B. Personal/ Contact Details

\* Full Name

\* Permanent Address

\*Telephone \*(home) (work) \*(mobile)

\*Email Address:

Date of Birth

Place of Birth

Gender (circle) Male /  
Female

Nationality

Id/ Passport Number

Social Insurance Number:

\* Do you have a valid driver's license?;

Yes

No

Family Status

Married

Single

No of Children

Age of children

Do you require a work permit to work in Cyprus?

Do you suffer from any serious illness or disability? (Please circle) YES/ NO

IF YES please explain:.....

.....

# Stones Health Centre And Beauty Salon

Have you completed your military service?  IF YES,	Yes <input style="width: 40px; height: 15px;" type="checkbox"/>  From _____	No <input style="width: 40px; height: 15px;" type="checkbox"/>  To _____
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Specialisation/Rank: \_\_\_\_\_

IF NOT explain: \_\_\_\_\_

Have you applied to Stones Health Centre in the past? (Please circle) YES/ NO

IF YES, state the position you applied for, date and outcome.....

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Available start date for employment:.....

\*Have you ever been sentenced by civil, criminal or military court? Please circle (YES/NO)

IF YES please explain:.....

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## G. Education

### 1. Secondary Education

High School	From	Until	Department	Average Grade
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

### 2. Higher Education (e.g. degree title, master degree title, etc)

College/University	From	To	Department	Average Grade
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

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## 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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# Stones Health Centre and Beauty Salon

## H. Employment History

Please start with your most recent employer

Company Name and address	Date (From-Until)	Position/ Tasks/ Responsibilities	Salary	Reason of termination
1.				
2.				
3.				
4.				

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

Based on the provisions of the Personal Data Processing (Protection of the Individual) Act 138(i)/2001, Stones Health Center is under obligation to ensure that your personal data (i.e. personal information regarding yourself), including sensitive data ( as defined in the relevant law above and in accordance with current legislation at all times), will be processed lawfully and in accordance with the above mentioned legislation.

With this document we inform you that any personal information which:

- 1) Have either been or will be given at some future point to Stones Health Center by you during filling all application the process of any other activity at the Stones Health Center
- 2) Have either been attained or will be attained by a third party

may possibly be kept on file, electronically or otherwise at the Stones Health Center. In such a case, the Stones Health Center will process and use that data in accordance with the previous mentioned hereunder.

We would like to assure you that the processing of your personal data will be limited only to absolutely necessary data for the specific purpose of the process.

For the purposes of this document, the term “processing” is used and will be used in accordance with the meaning which is given to it in article 2 of the Personal Data Processing (Protection of the Individual) Act and in accordance with current legislation at all times.

**PURPOSE OF PROCESSING**

Your Personal Data may be processed for the following purposes:

- to process, review, administer and assess your application for employment; and
- to comply with the requirements of relevant Laws and Regulations; and
- for statistical purposes, for IT processing and for historical purposes
- for the Health and Safety of the personnel, the customers, the visitors, and the collaborators of Stones Health Center
- For any obligations of our company towards governmental authorities, units and services

**Access to and change of personally identifiable information**

In order to keep your Personal Data up to date and accurate we ask you to inform us about any changes to it. Please note that we may ask you for proof of identity for your safety. Please note that you will need to send a letter or e-mail to the Personal Data Compliance Officer for any necessary changes or requests regarding your Personal Data. It might not be possible to process any of your requests regarding your personal data referred within this Policy. For new job applications we ask that you send us a separate application form if and when it is required. In general, according to the relevant law you have the right to request that we inform you about any personal information we maintain about you and have been processed

**Period of Retention**

Your personal information will be kept for a maximum of 2 years and for as long it is necessary for the purposes described in this Policy, unless an extension of this period is required in accordance with the applicable law, at all times.

**Children**

We do not accept job applications from or for children under the legal age as it is defined in the relevant law.

**Changes in this Policy**

This Policy will be revised according to the relevant law. The latest version of this policy will be posted on the Career Section of our website and will be effective upon the posting. The date of the most updated version of this policy is included in this document. When you make an application to the Stones Health Center by any means or if you get hired by the Stones Health Center or continue to work at the Stones Health Center after a revised policy this ensures your acceptance of the updated policy in effect.

Access to your personal data is limited to authorized personnel of the Stones Health Center and the Stones Health Center Management for the processing and assessment of your application.

If you supply us with the personal data of other people as a part of your references or as part of your CV you owe to have their permission to do so before you supply us with their personal information.

In case of employment at Stones Health Center, the Policy above will be in effect, as well as the general Privacy Policy of Stones Health Center which you may find at [www.cleopatra.com.cy](http://www.cleopatra.com.cy).

**The ‘Person in Charge of Processing Personal Data’**

The electronic or other file containing information which concerns you will be under the control of the Person in Charge of Processing Personal Data. The Person in Charge of Processing Personal Data in relation with the above mentioned

information is CHI MANAGEMENT LTD LTD, 8 Florinis street, 1065, Nicosia tel: 22-844000 and is represented by the Compliance Officer of CHI MANAGEMENT LTD Ltd , 8 Florinis street, 1065 Nicosia, tel: 22-844000.  
Revised: June 2012

Statement / Consent form

I have read, been informed, understood and agree with all the above and in full knowledge, I consent to the keeping on electronic or other file/s, and to the processing in a lawful manner, of any of my personal data (including sensitive data), that have been obtained either by me or by any other way.

In case my application is unsuccessful, I hereby give my consent to you to contact me for other job opportunities that may arise in the future and which may be suitable for me according to your judgment.

I certify that the information contained in this application is complete, exact and true. If not, I understand that any false information, statement, omission or misrepresentation on this application form constitutes sufficient cause for rejection of my application, refusal of employment or immediate dismissal at a later stage if employed in Stones Health Center and/or CHI Management Ltd Ltd, irrespective of the timing the firm discovers any of the above.

Signature

Date