



Dr Juice Job Application Form

PERSONAL INFORMATION

Last Name _____ Email: _____
 First Name _____ Home Tel: _____
 I.D Card Number _____ Mobile No: _____

Address 1: _____ Address 2: _____
 Town: _____ Postcode: _____

What Job are you applying For? _____

Full Time Part Time

Can you upon request provide verification of your legal right to work in Malta and documentation
 Verifying your Identity Yes No

Availability

Total available Hours per Week

Are you willing to work at other Dr Juice Locations? Yes No

If Yes, Where: _____

Please Tell Us Your Weekly Availability

	Monday	Tuesday	Thursday	Friday	Saturday	Sunday
From:						
To:						

Education

	Details of Qualifications	School Name	Graduated?
O Levels			YES/NO
A Levels			YES/NO
University			YES/NO
Other Qualifications			YES/NO
Other Training			YES/NO

EMPLOYMENT INFORMATION

Starting with your most recent job, please list past and present employment. All information is Required

Company Name	From Date:	To Date:	Position Title	Reason for Leaving

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PROFESSIONAL REFERENCES (PLEASE PROVIDE THREE)

Name	Relationship	Yrs Acquainted	Email Address and Phone

APPLICANTS STATEMENT

DR JUICE IS AN EQUAL OPPORTUNITIES EMPLOYER. PLEASE READ THE FOLLOWING STATEMENT

I declare under penalty of perjury that I personally completed this application and that, to the best of my knowledge, the information contained in this application is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration of employment and, in the event I become employed, may result in the termination of my employment if discovered at a later date. I understand and agree that nothing contained in this application is intended to create an employment contract between me and the company. I also understand and agree that if I am hired, my employment with the company will be at will, and may be terminated by either me or the company at any time, with or without cause or advance notice. I understand that no promises or representations to the contrary will be binding on the company unless made in writing signed by both me and the Chief Executive Officer of the company.

Applicant Signature

Date