Photo

Position : Clerk (Consular Section)

Employment Application

I. Personal Information

| Name | | Surname | Surname | | | | |
|--------------------------|---------------------|-------------|---------|---------|--|--|--|
| Date of Birth | / | | | | | | |
| ID Card No. / Passpo | ort No | | | | | | |
| Race | | Nationality | | | | | |
| Address in Finland | | | | | | | |
| Phone number | | E-mail | | | | | |
| Education: | | | | | | | |
| | | | | | | | |
| Marital Status | O Single | O Married | _ | Divorce | | | |
| II. Education Record | | | | | | | |
| Junior High School / | Senior High School: | | | | | | |
| | | | Address | | | | |
| Date of Attendance: From | | To | | | | | |
| | | | | | | | |
| Bachelor's Degree: | | | | | | | |
| - | | | Address | | | | |
| Date of Attendence: From | | 10 | | | | | |
| Other Education Rec | _ | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | •••••• | ••••• | | | | | |
| | | | | | | | |
| III. Special Skills (Ple | ase Check ✓) | | | | | | |
| Language | | | | | | | |
| OFINISH | | | | _ | | | |
| Speaking | O Excellent | O Good | O Fair | O Poor | | | |
| Reading | O Excellent | O Good | O Fair | O Poor | | | |
| Writing | O Excellent | O Good | O Fair | O Poor | | | |
| OENGLISH | | | | _ | | | |
| Speaking | Excellent | Good | O Fair | O Poor | | | |
| Reading | Excellent | Good | O Fair | O Poor | | | |
| Writing | Excellent | O Good | O Fair | O Poor | | | |

| OTHERS Speaking Reading | O Excellent O Excellent | Good Good | _ | _ | | | | |
|-------------------------------|-------------------------|--------------------|------------------|--------------------|--|--|--|--|
| Writing Other Special Skills: | | | | | | | | |
| IV. Work Experience | | | | | | | | |
| Work Experience | O Yes | Years | O No | | | | | |
| Current Occupation / | • | | | | | | | |
| 1. Company / Organi | | | | | | | | |
| | | Phone No. | | | | | | |
| · | | | | | | | | |
| | | | | | | | | |
| | | Position Phone No. | | | | | | |
| | | | | | | | | |
| • | | | | | | | | |
| | | | | | | | | |
| V. OTHERS | | | | | | | | |
| Please indicate three | of your outstanding | characteristics: | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| _ | | | | | | | | |
| Emergency Contact: | 0. | | | | | | | |
| Name | | | | | | | | |
| Address | | | | | | | | |
| Phone No | | Relationship |) | | | | | |
| I hereby certify that tl | he above statements | are true and co | rrect to the bes | t of my knowledge. | | | | |
| | | | | | | | | |
| | (| Applican | |) | | | | |
| | Date | Month | | | | | | |