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| ***Islamic Relief Kosova*** | CONFIDENTIAL  Please complete and return this form to the:  **ISLAMIC RELIEF**  WORLDWIDE  since 1984  **KOSOVA** Human Resources Department hr@ir-rks.org  St. Bajram Kelmendi No. 10/A  Pristina – Kosovo  www.islamicreliefkosova.org | | | |
| **Position applied for:** | |  | **Ref:** |  |

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| Personal Data | | | |
| Surname |  | ID Number |  |
| Name: |  | Marital Status |  |
| Father’s name: |  | No of Children |  |
| Place of Birth |  | Contact no: |  |
| Address: |  | Telephone (home): |  |
| E-mail: |  | Telephone (work): |  |
|  | | | |
| May we contact you at work? Yes  No | | | |
| Do you have driving license? Yes  No | | Is it valid? Yes  No | |

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| Nationality and Residence | | |
| What is your nationality? (If dual, please state both) |  |  |
| What is your current country of residence? |  | |

Please complete these sections carefully after reading any supplementary information regarding the post, particularly the job description and person specification. The decision to invite you for interview will be based on the information you provide on this form and how closely you meet the specified skills.

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| Qualifications (Education) | | | | |
| Dates  (dd/mm/yy) | | Qualifications/Courses  Completed | Places of Education | Grades/  Results |
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| Training | | | | |
| Dates  (dd/mm/yy) | | Training/Courses  Completed | Places of Training | Grades/  Results |
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| Employment History/Work Experience | | | | | |
| Please summarize your previous jobs starting with your most current/recent. | | | | | |
| Dates of employment | | Employer's name, address and nature of business | Job title and summary of main duties | Salary | Reasons for leaving or wishing to leave |
| From | To |
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| Achievements, Personal Qualities & Skills |
| List experience, achievements, knowledge, personal qualities and skills which you feel are relevant against each competency. You may include formal and informal, paid and unpaid work. |
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| Personal Statement |
| Please describe the main reasons behind your application and what you can offer Islamic Relief. |
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| Language Skills | | | | |
| Please list your knowledge of any languages, indicating the level of fluency against each of the following: (1 = fluent, 2 = working knowledge, 3 = basic) | | | | |
| Language | Reading | Writing | Speaking | Understanding |
| English |  |  |  |  |
| Others |  |  |  |  |
| Others |  |  |  |  |

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| IT Skills | |
| Please give details of your computer literacy | |
| Windows |  |
| Word |  |
| Excel |  |
| Internet Explorer |  |
| Ms Outlook |  |
| Power point |  |
| Access |  |
| Others |  |

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| Leisure |
| Please note here your leisure interests, sports and hobbies, other pastimes etc. |
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| Health Details |
| Do you have any health issues which would limit your ability to carry out the job for which you are applying? If yes please give details. (If no, then write NO in the field). |
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| Please list any diseases or disorders from which you have suffered or do suffer. (If no, then write NO in the field.) |
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| Please details any form of medication, drugs or treatment you currently and/or regularly receiving. |
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| Prior Convictions |
| Please note any criminal convictions except those 'spent' under the rehabilitation of offenders act. |
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| Referees | | | | |
| Please give the names and addresses of your two referees who have known you for at least one year, and who are not relatives. One must be your current employer. | | | | |
| Name: |  | Name: | |  |
| Address: |  | Address: | |  |
| Telephone: |  | Telephone: | |  |
| Relationship to you: |  | Relationship to you: | |  |
| Can references be taken up now with your first referee:  Your second referee: | | |  | |

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| Availability for Interview & Appointment |
| Please give us any dates when you are **NOT** available for interview. We cannot undertake to avoid these dates, but will try to do so: |
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| If appointed, when could you take up duty? |
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| Declaration | | | |
| 1. I agree that any offer of employment is subject to satisfactory references. 2. I agree that the organization reserves the right to require me to undergo a medical examination.(Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor) 3. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. | | | |
| SIGNED: |  | DATE |  |