



## **Applicant Job Profile Summary**

|                              |                        |
|------------------------------|------------------------|
| <b>Document ID:</b>          | <b>HR-AJPS02</b>       |
| <b>Responsible Officer:</b>  | Human Resource Manager |
| <b>Approval Date:</b>        | July 21, 2016          |
| <b>Effective Date:</b>       | July 21, 2016          |
| <b>Revision Date:</b>        | February 18, 2019      |
| <b>Replaces Document ID:</b> | AJPS2016               |
| <b>Approval Authority:</b>   | Secretary General      |
| <b>Language:</b>             | <b>English</b>         |

## Instructions:

Please complete this Job Profile Summary and submit it **together with** your Cover Letter and detailed Resume. Failure to do so will result in automatic rejection of your application. Please answer all sections/questions.

## Personal Information:

|                                 |           |                          |                    |                          |                          |                          |                          |
|---------------------------------|-----------|--------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Position Applying For</b>    |           |                          |                    |                          |                          |                          |                          |
| <b>Title</b>                    |           |                          |                    |                          |                          |                          |                          |
| <b>Surname(s)</b>               |           |                          |                    |                          |                          |                          |                          |
| <b>First Name(s)</b>            |           |                          |                    |                          |                          |                          |                          |
| <b>Maiden Name</b>              |           |                          |                    |                          |                          |                          |                          |
| <b>Marital Status</b>           | Single    | <input type="checkbox"/> | Married            | <input type="checkbox"/> | Common Law               | <input type="checkbox"/> |                          |
|                                 | Separated | <input type="checkbox"/> | Divorced           | <input type="checkbox"/> | Widowed                  | <input type="checkbox"/> |                          |
| <b>Date of Birth</b>            |           |                          | <b>Sex:</b>        | Male                     | <input type="checkbox"/> | Female                   | <input type="checkbox"/> |
| <b>Country of Birth</b>         |           |                          | <b>Nationality</b> |                          |                          |                          |                          |
| <b>Country of Residence</b>     |           |                          |                    |                          |                          |                          |                          |
| <b>Telephone Contact</b>        |           |                          |                    |                          |                          |                          |                          |
| <b>Email Address</b>            |           |                          |                    |                          |                          |                          |                          |
| <b>Skype Address</b>            |           |                          |                    |                          |                          |                          |                          |
| <b>Differently Abled Status</b> | None      | <input type="checkbox"/> | Speech             | <input type="checkbox"/> | Visual                   | <input type="checkbox"/> |                          |
|                                 | Mobility  | <input type="checkbox"/> | Hearing            | <input type="checkbox"/> | Other                    | <input type="checkbox"/> |                          |

1. Please indicate the highest level of academic qualifications you have attained, e.g. PhD or MSc. in relevant field.
2. Please indicate the second highest level of academic qualifications you have attained, e.g. BSc in relevant field.
3. How many years of experience do you have in the position you are applying for?
4. Please provide the following information with respect to your most recent work experience:

| Name of Employer |  | Job Title |
|------------------|--|-----------|
| 1                |  |           |
| 2                |  |           |
| 3                |  |           |

## Linguistic Skills:

Do you speak any of the following languages (indicate knowledge level by inserting a tick in the space provided)?

| Language | Yes                      | Basic | Intermediate | Fluent | No                       |
|----------|--------------------------|-------|--------------|--------|--------------------------|
| English  | <input type="checkbox"/> |       |              |        | <input type="checkbox"/> |
| Español  | <input type="checkbox"/> |       |              |        | <input type="checkbox"/> |
| Français | <input type="checkbox"/> |       |              |        | <input type="checkbox"/> |

## Office Technology Skills:

What is your level of familiarity with the following applications (indicate knowledge level by inserting a tick in the space provided)?

| Application          | Yes                      | Basic | Intermediate | Advanced | No                       |
|----------------------|--------------------------|-------|--------------|----------|--------------------------|
| Microsoft Word       | <input type="checkbox"/> |       |              |          | <input type="checkbox"/> |
| Microsoft Excel      | <input type="checkbox"/> |       |              |          | <input type="checkbox"/> |
| Microsoft PowerPoint | <input type="checkbox"/> |       |              |          | <input type="checkbox"/> |
| Microsoft Outlook    | <input type="checkbox"/> |       |              |          | <input type="checkbox"/> |
| Adobe Acrobat        | <input type="checkbox"/> |       |              |          | <input type="checkbox"/> |

## Availability

Are you able to work extended working hours if required?

Yes ☐

No ☐

Are you willing to travel internationally if required?

Yes ☐

No ☐

Do you have any relatives currently employed at the ACS?

Yes ☐

No ☐

**Thank you for completing this application brief.**