



**Republic of Cyprus**  
**Ministry of Labour, Welfare and Social Insurance**

**Department of Labour-Public Employment Services**

**VACANCY FORM**

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S SOCIAL INSURANCE IDENTIFICATION NUMBER (AME) \_\_\_\_\_

EMPLOYER'S I.D NUMBER (in case there is no AME available) \_\_\_\_\_

ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_ TEL. \_\_\_\_\_ FAX \_\_\_\_\_

(e-mail) \_\_\_\_\_

PERSON RESPONSIBLE FOR THE INTERVIEWS \_\_\_\_\_

SECTOR OF ECONOMIC ACTIVITY \_\_\_\_\_

**VACANCY DETAILS**

VACANCY TITLE \_\_\_\_\_

NUMBER OF VACANCIES \_\_\_\_\_ EDUCATION LEVEL \_\_\_\_\_

DATE COMMENCING EMPLOYMENT \_\_\_\_\_

QUALIFICATIONS OF CANDIDATES \_\_\_\_\_

DUTIES AND RESPONSIBILITIES OF

CANDIDATES: \_\_\_\_\_

EXPERIENCE NEEDED (months/years) \_\_\_\_\_ DRIVING LICENSE TYPE \_\_\_\_\_

WORKING SCHEDULE \_\_\_\_\_ OVERTIME: YES  NO

NUMBER OF WORKING HOURS PER WEEK \_\_\_\_\_ NUMBER OF WORKING DAYS \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

MONTHLY SALARY (GROSS) FROM € \_\_\_\_\_ UP TO € \_\_\_\_\_

PERIOD OF EMPLOYMENT :  UP TO 6 MONTHS,

OVER 6 MONTHS

**DECLARE IF YOU WISH THIS VACANCY TO BE AVAILABLE THROUGH THE WEB SERVICES OF THE DEPARTMENT OF LABOUR (WWW.PESCPS.DL.MLSI.GOV.CY):**     YES     NO

IF **YES** CHOSE **ONE** OF THE FOLLOWING TYPES OF COMMUNICATION BETWEEN THE CANDIDATE AND THE EMPLOYER :

CV AND PERSONAL DETAILS OF THE CANDIDATE TO THE ADDRESS \_\_\_\_\_  
(the address will be available through the internet)

TEL. COMMUNICATION OF THE CANDIDATE WITH \_\_\_\_\_ TEL NO: \_\_\_\_\_  
(the contact details will be available through the internet)

**DECLARING YOUR WISH FOR THE VACANCY TO BECOME PUBLIC, THIS VACANCY WILL ALSO BE AVAILABLE AT THE WEB PORTAL OF THE EUROPEAN EMPLOYMENT SERVICES (WWW.EURES.EUROPA.EU).**

IF YOU HAVE SELECTED THE VACANCY TO BE PUBLICLY AVAILABLE PLEASE FILL IN THE FOLLOWING DETAILS IN ENGLISH:

**DETAILS OF VACANCY**

TITLE OF VACANCY	
DESCRIPTION OF VACANCY	
LANGUAGE SKILLS NEEDED	

**ADDITIONAL BENEFITS**

	YES	NO	SUM DEDUCTED (whenever applicable)
1. 13 <sup>th</sup> Salary			
2. Bonus			
3. Accommodation provided			
4. Meals included			
5. Travel expenses (to and from Cyprus)			

CHOOSE **ONE** OF THE FOLLOWING WAYS FOR CORRESPONDENCE WITH THE CANDIDATE:

CV AND COVER LETTER TO BE FORWARDED TO THE RESPONSIBLE EURES ADVISER

CV AND COVER LETTER TO BE SENT TO THE FOLLOWING ADDRESS \_\_\_\_\_  
(the address will be available through the internet)

TELEPHONE CONVERSATION OF THE CANDIDATE WITH MR/MRS \_\_\_\_\_  
TEL NO.: \_\_\_\_\_ (the phone number will be available through the internet)

DATE.....

EMPLOYERS SIGNATURE.....

**Employers in Cyprus: SEND THE FORM TO THE DISTRICT LABOUR OFFICE WHERE THE VACANCY EXISTS**

**NICOSIA DISTRICT:** FAX: 22873170 EMAIL: [dlonic@dl.mlsi.gov.cy](mailto:dlonic@dl.mlsi.gov.cy)

**LARNACA DISTRICT:** FAX: 24305118 EMAIL: [dlolca@dl.mlsi.gov.cy](mailto:dlolca@dl.mlsi.gov.cy)

**LIMASSOL DISTRICT:** FAX: 25306526 EMAIL: [dlolim@dl.mlsi.gov.cy](mailto:dlolim@dl.mlsi.gov.cy)

**PAFOS DISTRICT:** FAX: 26821670 EMAIL: [dlopaphos@dl.mlsi.gov.cy](mailto:dlopaphos@dl.mlsi.gov.cy)

**AMMOCHOSTOS/PARALIMNI:** FAX: 23730465, EMAIL: [dlopar@dl.mlsi.gov.cy](mailto:dlopar@dl.mlsi.gov.cy)

**EU Employers: SEND THE FORM TO:** [eurescyprus@dl.mlsi.gov.cy](mailto:eurescyprus@dl.mlsi.gov.cy)