



T.E.1/en



Republic of Cyprus
Ministry of Labour and Social Insurance

Department of Labour-Public Employment Services

VACANCY FORM

Employers can place vacancy electronically at www.pescps.dl.mlsi.gov.cy (upon approval by the PES)

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 TO HIRE BENEFICIARIES OF THE TEMPORARY PROTECTION STATUS:
 YES NO

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 SELECTEC 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	

ADDITIONAL BENEFITS

	YES	NO	SUM DEDUCTED (whenever applicable)
1. 13 th 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:

- CY 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: TEL: 22403000 FAX: 22873170 EMAIL: DLONIC@DL.MLSI.GOV.CY
 LIMASSOL DISTRICT: TEL: 25827320 FAX: 25306526 EMAIL: DLOLIM@DL.MLSI.GOV.CY
 LARNACA DISTRICT: TEL: 24805335 FAX: 24305118 EMAIL: DLOLAC@DL.MLSI.GOV.CY
 PAPHOS DISTRICT: TEL: 26821666 FAX: 26821670 EMAIL: DLOPAPHOS@DL.MLSI.GOV.CY
 AMMOCHOSTOS/PARALIMNI: TEL: 23812052 FAX: 23730465 EMAIL: DLOPAR@DL.MLSI.GOV.CY