

St John Ambulance & Rescue

A VOLUNTARY ORGANISATION UNDER THE AUSPICES OF
THE MOST VENERABLE ORDER OF THE HOSPITAL OF ST JOHN OF JERUSALEM

AFFIX HERE A
RECENT
(PASSPORT SIZE)
PHOTOGRAPH OF
YOURSELF

To join our organisation we kindly ask that you compile this form. If you have any questions, please contact the recruitment team as indicated in the footer. The information provided will only be used within St John Ambulance & Rescue. All data will be treated as confidential.

PLEASE COMPLETE USING BLOCK LETTERS IN BLUE INK

APPLICATION DATE _____

NAME & SURNAME _____ TITLE _____

MAIDEN SURNAME _____ MALE FEMALE

IDENTITY CARD No. _____ AGE _____ DATE OF BIRTH (DD/MM/YYYY) _____

ADDRESS _____

EMAIL ADDRESS _____

MOBILE PHONE No. _____ HOME PHONE No. _____

NATIONALITY _____ PLACE OF BIRTH _____ PASSPORT No. _____

OCCUPATION _____ YEARS OF RESIDENCY IN MALTA _____

HEIGHT _____ cm WEIGHT _____ kg BLOOD TYPE _____

DATE OF CURRENT FIRST AID CERTIFICATE (DD/MM/YYYY) IF APPLICABLE _____ FIRST AID CERTIFICATE No. IF APPLICABLE _____

FROM WHERE/WHOM DID YOU HEAR ABOUT ST JOHN? _____

IN THE SPACE BELOW LIST THE JOB POSITIONS YOU HAVE HELD, STARTING WITH THE **LATEST POSITION FIRST**

NAME OF EMPLOYER / COMPANY	FROM	TO	NATURE OF BUSINESS	POSITION HELD AND DUTIES

NAME OF RECENT SCHOOL, UNIVERSITY, etc.	FROM	TO	CERTIFICATE, DIPLOMA, OR DEGREE	MAIN SUBJECT OF STUDY

LIST KNOWN LANGUAGES	SPEAK			WRITE			UNDERSTAND		
	EXCL	WELL	FAIR	EXCL	WELL	FAIR	EXCL	WELL	FAIR

WHAT ARE YOUR HOBBIES/INTERESTS? _____

WRITE DOWN ANY SKILLS WHICH YOU MIGHT HAVE AND WHICH MIGHT BE BENEFICIAL TO OUR ORGANISATION
e.g. video editing skills, Photoshop, public relations, welding, carpentry, etc.

PROFESSIONAL LICENCE/S HELD _____
DRIVING ("QVJ GT"
LICENCE/S HELD _____

HAVE YOU PREVIOUSLY BEEN A MEMBER OF ST JOHN OR ANY OTHER VOLUNTARY ORGANISATION? IF SO, PLEASE GIVE DETAILS

HAVE YOU HAD ANY HISTORY REGARDING CRIMINAL ACTS / INAPPROPRIATE BEHAVIOURS IN THE MALTESE ISLANDS AS WELL IN ANY OTHER FOREIGN COUNTRIES, OR ARE CURRENTLY INVOLVED IN A CRIMINAL CASE IN COURT OR UNDERGOING PROBATION? IF SO, PLEASE GIVE DETAILS (A police conduct certificate is to be always presented with this form. All prospective members will also be screened by the Office of the Commissioner for Voluntary Organisations against Malta's sex offenders' register)

State your current health condition _____
Any health problem that might affect your activities with St John _____
State any medical condition you might have _____
State any allergies you might have _____
State any medication which you **cannot** take _____
Any serious injury, illness or operations in the last 5 years _____

Do you have problems with LEGS HANDS SIGHT HEARING SPEECH

IN CASE OF EMERGENCY NOTIFY

ON MOBILE PHONE No. _____

RELATIONSHIP TO APPLICANT _____

NAME OF PARENT OR GUARDIAN (CADET MEMBERS ONLY) _____

SIGNATURE OF PARENT OR GUARDIAN (CADET MEMBERS ONLY) _____

I declare that the information I have given on this form is correct. I understand that I may be invited for a medical check-up to assess my medical suitability for public duty. I understand that false or misleading information could lead to my removal from St John Ambulance & Rescue.

SIGNATURE (APPLICANT) _____

APPROVED BY (SJAR OFFICER) _____