



UNIVERSITETI I EVROPËS JUGLINDORE  
УНИВЕРЗИТЕТ НА ЈУГОИСТОЧНА ЕВРОПА  
SOUTH EAST EUROPEAN UNIVERSITY

Illindenska no. 335, 1200 Tetovo, Republic of Macedonia  
[www.seeu.edu.mk](http://www.seeu.edu.mk)

## APPLICATION FOR EMPLOYMENT

### CONFIDENTIAL

(Please complete all sections clearly in typescript or by hand and return to Human Resource Office, or by e-mail at:  
[jobs@seeu.edu.mk](mailto:jobs@seeu.edu.mk))

**Note: It is mandatory to complete all sections, otherwise your application will not be considered.**

Title of Position applying for \_\_\_\_\_ Position Number \_\_\_\_\_

### PERSONAL

Name: \_\_\_\_\_ Surname \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

Telephone number, including code: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Where did you see this position advertised?

Webpage ☐ Newspaper ☐ Personal contact ☐ Other ☐ \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

(Present or most recent employer)

| Date  |     | Name and address of employer | Job Title | Main duties of the job | Reason for leaving (if applicable) |
|-------|-----|------------------------------|-----------|------------------------|------------------------------------|
| From: | To: |                              |           |                        |                                    |
|       |     |                              |           |                        |                                    |

**EMPLOYMENT HISTORY**

*(Please list other positions held, starting with the most recent. It would be helpful to account for any ‘gaps’ in your employment history. Continue on a separate sheet if necessary)*

| Date  |     | Name and address of employer | Job Title | Main duties of the job | Reason for leaving (if applicable) |
|-------|-----|------------------------------|-----------|------------------------|------------------------------------|
| From: | To: |                              |           |                        |                                    |
|       |     |                              |           |                        |                                    |

**EDUCATION AND QUALIFICATIONS**

*(Qualifications will be verified on appointment)*

| Name of University, College, School | From | To | Qualification(s) gained | average/grade |
|-------------------------------------|------|----|-------------------------|---------------|
|                                     |      |    |                         |               |

**LANGUAGE COMPETENCE**

| Language | Speaking/Understanding |           |      |       | Writing |           |      |       |      |       |
|----------|------------------------|-----------|------|-------|---------|-----------|------|-------|------|-------|
|          | Native                 | Excellent | Good | Basic | Native  | Excellent | Good | Basic | Qual | Level |
|          |                        |           |      |       |         |           |      |       |      |       |
|          |                        |           |      |       |         |           |      |       |      |       |
|          |                        |           |      |       |         |           |      |       |      |       |

**MEMBERSHIP OF PROFESSIONAL BODIES**

| Name of Professional Body |
|---------------------------|
|                           |

## PROFESSIONAL/OCCUPATIONAL TRAINING

***(Please enter all training relevant to this position. Start with the most recent)***

| Name and purpose of training | Date attended |
|------------------------------|---------------|
|                              |               |

## GENERAL

***(Please note that all appointments are subject to satisfactory references and other legal checks)***

## REFERENCES

*(Please provide the names of two referees who are able to comment in a professional/occupational capacity)*

|                                                               |                                                               |
|---------------------------------------------------------------|---------------------------------------------------------------|
| Name:                                                         | Name:                                                         |
| Professional relationship to you:                             | Professional relationship to you:                             |
| Address:                                                      | Address:                                                      |
| Post code:                                                    | Post code:                                                    |
| Telephone number:                                             | Telephone number:                                             |
| E-mail address:                                               | E-mail address:                                               |
| Can we contact this referee before the interview?             | Can we contact this referee before the interview?             |
| Yes      No <input type="checkbox"/> <input type="checkbox"/> | Yes      No <input type="checkbox"/> <input type="checkbox"/> |

## CONFLICT OF INTEREST

*(This information is required to ensure objectivity during the selection process)*

Are you closely related to or do you have a substantial connection with any SEEU employee?

Yes ☐ No ☐

If yes, please give details: \_\_\_\_\_

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## CRIMINAL CONVICTIONS

Do you have any Criminal Convictions which are not spent?

Yes ☐ No ☐

If yes, please give details: \_\_\_\_\_

## DISABILITY SUPPORT

*(This information is helpful in order to provide appropriate support, including at interview)*

Do you consider that you have a disability?

Yes ☐ No ☐

If yes, nature of disability: \_\_\_\_\_

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## STATUS AND AVAILABILITY

Do you require a work permit to work in the Republic of Macedonia?

Yes ☐ No ☐

Personal Number (if applicable): \_\_\_\_\_

If you are selected for interview, please indicate any dates when it would be impossible for you to attend: \_\_\_\_\_

If appointed, when could you start work? \_\_\_\_\_

## SIGNATURE AND DATE

I agree that the University can process my application in accordance with the Law on Protection of Personal Data, 2005/2008

I declare that the information I have given is, to the best of my knowledge and belief, true and complete.

Signature:

Date:

## INFORMATION IN SUPPORT OF THIS APPLICATION

*(Please explain why you are applying for this position and describe how your qualifications, knowledge, experience and skills match what is required (see the Job Description). You should pay attention to all parts of the job and you may attach this information as a separate statement if you prefer.)*

## EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE - CONFIDENTIAL

(This questionnaire will be detached from the application form by the Human Resources Office)

South East European University has a mission of Equal Opportunity. Applications are welcome from all sections of the community. We aim to ensure that everyone who works or applies to work for the University is treated fairly and is not either subjected to discrimination or given additional benefit or favour because of their gender, age, colour, race, ethnic or national origins, economic or social status, marital status, family responsibility or status, sexual orientation, religion or belief, health, disability, union or political affiliation. This is in accordance with Labour Law (Official Gazette) Number 62/2005.

You can help us to monitor the success of this mission by completing the questionnaire below and returning it with your application form. This information will be treated as confidential and will be used only for monitoring purposes. It will not be given to any person or agency involved in the selection process.

Please sign below to indicate your agreement that the University may process the information provided by you below for monitoring purposes only.

|            |                            |
|------------|----------------------------|
| Name:      | Post applied for:          |
| Signature: | Position Number:           |
| Date:      | Faculty/Centre/Department: |

1. My gender is                      Female      ☐                      Male                      ☐

2. My ethnicity is: \_\_\_\_\_

3. My age is between

|         |                          |         |                          |         |                          |
|---------|--------------------------|---------|--------------------------|---------|--------------------------|
| 16 – 19 | <input type="checkbox"/> | 20 – 29 | <input type="checkbox"/> | 30 – 39 | <input type="checkbox"/> |
| 40 – 49 | <input type="checkbox"/> | 50 – 59 | <input type="checkbox"/> | 60 – 65 | <input type="checkbox"/> |

4. I consider that I have a disability:

Yes      ☐      No      ☐

**Thank you for completing this questionnaire**