

AUTHORISED AGENT APPLICATION

COMPANY INFORMATION

COMPANY NAME:
COMPANY REGISTRATION NUMBER:
COMPANY PRODUCTS / SERVICES:
ADDRESS: POST CODE:
TOWN / AREA : TELEPHONE :
Email: FAX.....

OWNER OR MANAGER PERSONAL INFORMATION

SURNAME: NAME:
ADDRESS :
.....
TOWN/AREA :
HOUSE TELEPHONE No. : MOBILE No. :
DATE OF BIRTH : PLACE OF BIRTH :
MARITAL STATUS : CHILDREN :
MILITARY SERVICE :
ID NUMBER : CRIMINAL RECORD:.....
Email:

PROPOSED AREA INFORMATION (If there is any difrnet or its not mession in the above)

ADDRESS: POST CODE:
TOWN/AREA:..... TELEPHONE:.....
FAX:..... EMAIL:
OPENING DAYS & HOURS:
NUMBER OF EMPOLYYES:..... PERIODS OF OPERATION:

EDUCATION

School / College / University you have attended:

	<u>FROM / UNTIL</u>	<u>SCHOOL/ INSTITUTE</u>	<u>CERTIFICATE/DIPLOMA/DEGREE</u>
1.
2.

3.
 4.

OTHER QUALIFICATIONS/ TRAINING

Mark your knowledge based on sufficiency:
 VG = Very Good G = Good A= Average

	<u>LANGUAGE</u>	<u>READING</u>	<u>WRITING</u>	<u>VERBAL</u>
1. Greek
2.
3.

COMPUTER KNOWLEDGE/ USAGE (state in detail the programs you have knowledge of e.g. design programmes, Word, Excel, etc.

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OTHER QUALIFICATIONS

.....

WORK EXPERIENCE

Start from the most recent of your employments

NAME/ADDRESS OF EMPLOYER	POSITION/TYPE WORK	FROM – UNTIL SALARY	REASON FOR LEAVING
.....
.....
.....
.....

REFERENCES (State Names and telephone numbers)

.....

How did you hear about our company :

.....

.....

Applicant signatureDate.....

TO BE COMPLETED BY MANAGEMENT

EVALUATION CRITERIA							
1	LOCATION	0	1	2	3	4	5
2	HOURS	0	1	2	3	4	5
3	SERVICE	0	1	2	3	4	5
4	FACILITY	0	1	2	3	4	5
5	CORRECT REPRESENTATION	0	1	2	3	4	5
6	FIELD OF WORK	0	1	2	3	4	5
7	GROWTH	0	1	2	3	4	5
TOTAL							

NOTE: 0 = Not applicable ,1 = Not satisfactory / 5 = Very satisfactory

OTHER INFORMATIONS / COMMENTS (Standards, Reliability, etc)

TRAINING NEEDS	
ENTER APPLICANT ON AUTHORISED AGENT CATALOGUE: YES / NO	
MANAGEMENT REPRESENTATIVE:	DATE:

MANAGEMENT		
APPROVED: YES / NO		
SIGNATURE:	SIGNATURE:	DATE: