



APPLICATION FORM FOR PHYSICIANS

TO THE BOARD OF
POLYCLINIC SA

MESOGEION 15
115 26 ATHENS

E Mail: info@polyclinic.gr
www.polyclinic.gr

Please hire me as:

.....
.....

Please find attached information relating
with my CV and my qualifications with knowledge of the consequences of the law on
misrepresentation.

Yours faithfully

EXPERIENCE (with confirmation)

RECOMMENDATIONS (with confirmation)

Which position are you interested?

How long will you work?

You will be working alongside and in other jobs and which ones?

Where did you learn about us;

Journal:

Magazine:

Internet:

Other [Please list below where you learn]?

Attachment: Copies of diploma

Certificate of service

Reference Letters

Language Diploma's

Photocopy of identity card

GENERAL INFORMATION

NAME

SURNAME

.....

FATHER'S NAME

.....

MOTHER'S NAME

.....

ADDRESS

.....

MOBILE PHONE

.....

YEAR OF BIRTH

.....

BIRTHPLACE

.....

CITIZENSHIP

.....

Taxpayer

.....

No IDENTITY

.....

DATE ISSUED

.....

POLICE DEPARTMENT

.....

Social Security

No.

.....

MARITAL STATUS

.....

CHILDREN

.....

NAME OF SPOUSE

.....

SPOUSE WORK

.....

STUDIES

.....

LANGUAGES

.....

MILITARY OBLIGATIONS.....

Please complete this form and send it, accompanied with your attachments, at
info@polyclinic.gr