



# ENGAGEMENT FORM - EMPLOYEE

## SECTION A: PERSONAL DETAILS

Gozo Office:  
Sir Arturo Mercieca Street, Victoria VCT 2024  
Tel: +356 22201957  
Email: hriu.etc@gov.mt

Identity Card Number

Social Security Number

Date of Birth

Name

Surname:

Number / Name of Residence

Street

Locality

Post code

Email address

Mobile Number

Telephone Number

Gender

Male  Female  Other

Academic Level

Never Attended School

Primary Level

Secondary Level (No Certification)

SEC Certificate or 'O' Level Certificate

MATSEC Certificate, Advanced or Intermediate Level

Diploma Level

Graduate

Masters Certificate or Postgraduate Diploma

Doctorate Level

Nationality

EU

Maltese

Dual

Non EU

In case of a Non-EU citizen, and He/She is dependent on an EU National, write down below the Nationality of the EU Citizen below and attach a copy of the "Residence permit"

In case of a Non-EU citizen, and He/She is married to a Maltese National, attach a document of the Freedom of Movement by Marriage"

## SECTION B: DETAILS OF EMPLOYER

Name and Surname of Employer

ETC Registration Number

PE Number (I.R.D.)

Name of Commercial Entity (Partnership/Company)

VAT Number

Company Number (MFSA)

Address of Commercial Entity

Self-Employed (without employees)

Self-Employed (with employees)

Company / Cooperative

Partnership

Voluntary Organisation (NGO)

Government Entity

Holding Company

Company (Ltd)

Company forming part of a Group

Company that does not form part of a Group

Corporation/Authority

Government Dept.

Company - Foreign Owned

Company - Maltese Owned

Government Majority Shareholding

Government Minority Shareholding

Locality

Postcode

Mobile Number

Telephone Number

Email address

Primary Sector in which Commercial Entity operates

SECTION C: DETAILS OF EMPLOYMENT

Full-Time

Full-Time   
(Reduced)

Designation/Type of Work

Part-Time

Part-Time   
(Casual)

Trade of Profession

Definite Contract

Indefinite Contract

Trainee/Apprentice

Outworker

Place of Employment

Gozo  Town/City

Malta  Town/City

*Date of Commencement*

Signature of Employer

Signature of Employee

Designation

Employer Identity Card Number

Form Submitted Date