

## Unit 6 Filling Out Form

Choose the types in the box and fill in with the picture.

1. School-related forms	2. Everyday forms
3. Work-related forms	4. Travel related forms
5. Leisure related forms	

1.

**Student's Leave Letter Format**

From \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Name: \_\_\_\_\_  
 Grade & Section: \_\_\_\_\_  
 Name of the Parent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

To

The Principal  
 Athena Global School  
 Changanuram-608602

Sr

My son/will could not attend the school on (date) \_\_\_\_\_ due to (reason) \_\_\_\_\_  
 I request to you grant leave for the above days.

Yours faithfully

Signature of the parent

Note: If leave is taken for more than 4 days medical certificate to be submitted from a physician.

2.

Hotel Reservation Booking		
Form No. _____		
Applicant's Information		
Name _____		
Address _____		
Telephone No. _____	E-mail Address _____	Postal Zip Code _____
Hotel Reservation Information		
Date of checking in _____		Date of checking out _____
Total Number of People _____		
Adults _____		Children _____
Special Room Type _____		
U.S. Please note that single rooms are applicable for two persons and double rooms can be shared by four. The rate can be booked for five people. Additional room charge will be made for sharing beyond limit, per person.		

3.

**Basic Employment Information Sheet**

**Employee Information**

Full Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone ( ) ( ) \_\_\_\_\_ Cell Phone ( ) ( ) \_\_\_\_\_  
 Email Address \_\_\_\_\_

Social Security Number or Identification ID \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Insurance Ref# \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Spouse's Work Phone ( ) ( ) \_\_\_\_\_

**Job Information**  
 Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Work Location \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Work Phone ( ) ( ) \_\_\_\_\_ Cell Phone ( ) ( ) \_\_\_\_\_  
 Start Date \_\_\_\_\_ Salary \$ \_\_\_\_\_

**Emergency Contact Information**  
 Full Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Primary Phone ( ) ( ) \_\_\_\_\_ Cell Phone ( ) ( ) \_\_\_\_\_  
 Relationship \_\_\_\_\_

**Dependent Information (For insurance purposes only)**  
 Name(s) of Dependents \_\_\_\_\_ Relationship to Employee \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* A number of jurisdictions now allow domestic partners to register and they are then entitled to many of the benefits of spouses. If your jurisdiction permits such domestic partnerships, you may modify the form to read "Spouse/Domestic Partner". Given the proliferation of domestic partnerships, your company should carefully evaluate its policy with regard to such couples, both opposite-sex and same-sex.

4.

**CLT Communications LLC**  
 316 3<sup>rd</sup> Av., P.O. Box 42, Chuar Lake, WI 54905  
 765-2755

**DIGITAL CATV Service Application Form**

Date of Application \_\_\_\_\_ Home Telephone # \_\_\_\_\_  
 Name of Applicant \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Daytime Tel # \_\_\_\_\_ Apt # \_\_\_\_\_  
 P.O. Box \_\_\_\_\_  
 Owner of Dwelling: Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Renting, Owner Name and Tel # \_\_\_\_\_  
 Date for Service Installation \_\_\_\_\_  
 Do you have a High Definition TV: Yes \_\_\_\_\_ No \_\_\_\_\_

Please Check Your Service Choices (less quoted are monthly charges listed in advance):

_____ \$ 64.95	<b>Basic Digital Service</b>
_____ \$ 12.95	<b>Digital Music Packages</b>
_____ \$ 12.95	6 HD Channels
_____ \$ 16.95	4 Cinema Channels
_____ \$ 18.95	18 Showtime Channels
_____ \$ 20.95	13 Sports/Focus Channels
_____ \$ 13.95	<b>HD Service</b>
_____ \$ 13.95	22 High Definition Channels
_____ \$ 6.95	<b>A La Carte Option</b>
_____ \$ 6.95	Additional HD Digital Gateway Box
_____ \$ 7.95	Upgrade of HD Digital Gateway to Digital Video Recorder (DVR)
_____ \$ 14.95	Additional HD Digital Gateway with Digital Video Recorder (DVR)



9.

**APPLICATION FOR SCHENGEN VISA**  
This application form is free

Date of authority issuing visa

1. Surname (s) (family name) \_\_\_\_\_ For official use only  
 2. Surname(s) of wife (and/or family name) \_\_\_\_\_ Date of birth (month/year) \_\_\_\_\_  
 3. First name(s) \_\_\_\_\_ Proprietary address \_\_\_\_\_  
 4. Date of birth (year/month/day) \_\_\_\_\_ 5. Number of ID document (passport) \_\_\_\_\_  
 6. Place and validity of birth \_\_\_\_\_ Date/issue authority \_\_\_\_\_  
 7. Current nationality(ies) \_\_\_\_\_ 8. Original nationality (nationality of birth) \_\_\_\_\_ Entry document number \_\_\_\_\_  
 9. Sex: Male / Female \_\_\_\_\_ 10. Marital status: Single / Married / Separated / Divorced / Widowed / Other \_\_\_\_\_ South African passport \_\_\_\_\_  
 11. Father's name \_\_\_\_\_ 12. Mother's name \_\_\_\_\_ Service temporary \_\_\_\_\_  
 13. Type of travel document:  National passport  Official passport  Service passport  Travel document (1980 Convention)  Other travel document (please specify) \_\_\_\_\_ Visa:  Schengen  National  Other \_\_\_\_\_  
 14. Number of passport \_\_\_\_\_ 15. Validity \_\_\_\_\_ Type:  LTV  A  B  C  D  DC  
 16. Date of issue \_\_\_\_\_ 17. Valid until \_\_\_\_\_  
 18. If you reside in a country other than your country of origin, do you have permission to return to your country?  Yes (see number and address) \_\_\_\_\_  
 19. Current occupation \_\_\_\_\_  
 20. Employer and employer's address and phone number. For students, name and address of school \_\_\_\_\_  
 21. Destination country \_\_\_\_\_ 22. Type of visa:  Airport  Transit  Short stay  Long stay \_\_\_\_\_ 23. Visa:  Individual  Collective \_\_\_\_\_  
 24. Number of entries requested:  Single entry  Multiple entries \_\_\_\_\_ 24. Duration of stay: \_\_\_\_\_  
 25. Other name (used within the past 7 years) and date period of validity \_\_\_\_\_  
 26. If you are in SA/MS, do you have an entry permit for the final country of destination?  Yes  No (see 26B) \_\_\_\_\_  
 26A. Provisional entry to the Republic of Poland or other Schengen member \_\_\_\_\_  
 26B. \_\_\_\_\_  
 \*Application number only - This file applies to family members of EU or EEA citizens (parents, child, or dependent descendant), Family \_\_\_\_\_

10.

**WAL-MART WAL-MART SUPERCENTRE**  **Application For Employment**

**Personal Information** Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Alternate Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Have you worked at Wal-Mart/SAMS CLUB before?  No  Yes If yes, which store: \_\_\_\_\_ If yes, note date: \_\_\_\_\_

**Position**

Position applying for: \_\_\_\_\_  Seasonal/Temporary \_\_\_\_\_  
 Are you interested in:  Full Time (Min. of 28 hrs per week)  Peak Time (Less than 28 hrs per week)  
 How did you learn about this opportunity? \_\_\_\_\_

**Availability**

Date available to start (dd/mm/yyyy): \_\_\_\_\_  
 Indicate when you are available to be scheduled (specify a.m. or p.m.). Due to the nature of our business, the more available you are, the more opportunities we can consider you for.

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
From _____ To _____							
Overnight yes/no							