



Office of  
Career Services



# Employer Vacancy Form

## COMPANY INFORMATION

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Affiliation with ACG: ☐ Alumnus/a ☐ Parent ☐ Faculty  
☐ No Affiliation ☐ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Company description (recommended):

\_\_\_\_\_

\_\_\_\_\_

Number of employees (local office): \_\_\_\_\_

## JOB INFORMATION

Position title: \_\_\_\_\_

Number of positions to be filled: \_\_\_\_\_

Position type (check as appropriate):

☐ Permanent ☐ Temporary/Seasonal ☐ Volunteer  
☐ Internship/Trainee (full-time/part-time) ☐ Credit bearing Apprenticeship (part-time)  
☐ Non-credit bearing Apprenticeship (part-time)

Approximate working hours per week: \_\_\_\_\_ ☐ Full time ☐ Part time

Working days (if available): \_\_\_\_\_

Location: \_\_\_\_\_

Starting date: \_\_\_\_\_

Email address to apply at: \_\_\_\_\_

Application deadline: \_\_\_\_\_

**Job Description / Learning Areas for Internships/Apprenticeships (**  
tasks, duties and responsibilities):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Qualifications/Skills required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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f: +30 210 600 9267  
www.acg.edu  
career@acg.edu

## • OR attach a job description of the role

Please send us your logo in high resolution (preferably 300 dpi in illustrator format, pdf or tiff) and a corporate e-video link, if available.

Name: \_\_\_\_\_ Title: \_\_\_\_\_