PERSONAL QUESTIONNAIRE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Surname, Forename, Degree | | | | | | | | | | | | | | | | | | | | | | Date of birth – day, month, year  Place of birth | | | | | | | | | | | |  | | | | | |
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| Maiden name: | | | | All previous names: | | | | | | | | | | | | |  | | | | | Birth certificate No.: | | | | | | | | | | |  | | | | | | |
| Permanent address (Town, Village) | | | | | | | | | |  | | | | | | | | | | | | Temporary accommodation \*) | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Street | | |  | | | | Land-registry No./  House No. | | | | | | | | | | |  | | | | Street | |  | | | | | | | | | | | | | | No. |  |
| Postcode  Tel. No. | | |  | | | | | | E-mail: | | | |  | | | | | | | | | Postcode | | | |  | | | | | | Tel. No. | | | |  | | | |
| Foreigners only – Residential address in the Czech Republic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street | | | | | | | Land-registry No./  House No. | | | | | | | | | | | | | | Town | | | | | | | | | | | | | | Postcode | | | | |
| Nationality | | | | | | Residence permit \*\*) (PASSPORT)  Registration No.:  Valid until (year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Women only – Number of children raised: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EDUCATION** | | | | | | | | | | | Type of school, Field of study | | | | | | | | | | | | Number of | | | | | | | Completion | | | | | | | Type of | | |
| (highest level) | | | | | | | | | | |  | | | | | | | | | | | | school years | | | | | | | (DD/MM/YY) | | | | | | | examination | | |
| **C**  **O**  **M**  **P**  **L**  **E**  **T**  **E**  **D** | | Elementary | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
|  | | Secondary professional | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
|  | | Comprehensive secondary general | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
|  | | Comprehensive secondary professional | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
|  | | Higher professional | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
|  | | Bachelor’s degree | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
|  | | University | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
|  | | Postgraduate study | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
|  | | Scientific education | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
| Incomplete education | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
| School currently attended | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | |
| APPRENTICESHIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer (Company) | | | | | | | | | | | | Completion  (DD/MM/YY) | | | | | | | Profession | | | | | | | | | | | | | | | | | | | | |
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| **EMPLOYMENT HISTORY**  **(Provide details of your entire employment history including military compulsory service, maternity and parental leave,**  **labour office) \*\*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institution (Company) - Address | | | | | | | | | | | | | | | | Job title | | | | | | | | | | | | | | from  (DD/MM/YYYY) | | | | | | | | until  (DD/MM/YYYY) | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | |
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| **Do you have any other labour relation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institution (Company) | | | | | | | | | | | | | | | Since  (DD/MM/YY) | | | | | | Type of activity | | | | | | | | | | | Working time | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |
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| **Do you receive a pension?** | | | | | | | | | | | | | | | | | | | | | **Altered working ability** | | | | | | | | | | | | | | | | | | | | | |
| Type of pension | | | | | | | | | Pension granted since (DD/MM/YY): | | | | | | | | | | | | Yes - No | | | | | Officially acknowledged since: | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | |
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| Health insurance company \*\*\*)  Name: | | | | | | | | | | | | | | | | | | | | | Note: | | | | | | | | | | | | | | | | | | | | | |
| Branch (head office): | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Identification of the latest foreign insurer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the latest foreign insurer: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | Land-registry No./  House No. | | | | | | | | | | | | | | | | | | Foreign insurance No. | | | | | | | | | | | | | | |
| Town: | | | | | | | | | | | | | | | | | Postcode: | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Country: | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | |

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| Other details – information: | ­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**I hereby declare that all the information I have given is true and complete.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Signature:** |  |

**Attachments:**

1. Request for Occupational Health Assessment
2. Certificate proving service years counting for pension rights
3. Certificate of education

\*) Please complete only if need be.

\*\*) To be completed only by a foreign national. Supporting documents are necessary to substantiate the details provided.

\*\*\*) Supporting documents are necessary to substantiate te details provided