PERSONAL QUESTIONNAIRE

|  |  |  |
| --- | --- | --- |
| Surname, Forename, Degree | Date of birth – day, month, yearPlace of birth |       |
|  |  |       |
|       |       |
|  |  |
| Maiden name: |       All previous names: |  | Birth certificate No.: |       |
| Permanent address (Town, Village) |       | Temporary accommodation \*) |       |
|  |  |
| Street |       | Land-registry No./House No. |       | Street |       | No.  |       |
| PostcodeTel. 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 |
|       |  |       |
|       |       |       |
|  |
|  |
| **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) |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |
| **Do you have any other labour relation?** |
| Institution (Company) | Since(DD/MM/YY) | Type of activity | Working time |
|       |       |       |       |
|       |       |       |       |
| **Do you receive a pension?** | **Altered working ability** |
| Type of pension | Pension granted since (DD/MM/YY): | Yes - No  | Officially acknowledged since: |
|       |       |       |       |
|       |       |       |       |
| 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: |  |  |

|  |  |
| --- | --- |
| 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