

University of South Bohemia in České
Budějovice
Braníšovská 1645/31a, 370 05 České Budějovice

Employment Commencement		Component	
Line Manager		Personal number	
Type of Employment			

NEW EMPLOYEE'S QUESTIONNAIRE

Notice to Applicants: Your interest in working at the University of South Bohemia is the reason for us to duly assess your abilities. In order to do this, we need to get to know you and obtain your personal data and professional experience. When completing the questionnaire please give accurate and true information.

Please write in capital letters.

1. PERSONAL DATA

Name of the position you are interested in:	
First and surname / maiden name	
Date of birth:	
Personal Identification Number	
Health Insurance Provider	
Place of birth:	
Marital status:	
Nationality:	
Residence / Post Code:	
Address of temporary residence:	
Phone:	
E-mail address:	
ID no.:	
Address of relatives (friends) to be informed in case of an emergency:	

2. FAMILY MEMBERS AND OTHER DEPENDANTS

Name and surname	Date of birth	Personal Identification Number	Relationship to the applicant	Employer

3. EDUCATION

Include all secondary and higher education, specify the field of study or training and provide any further education as applicable.

From month and year	To month and year	Full name of the institution and its location	Field	Type of final examination

4. COURSES, TRAINING

Include courses or training that you have completed either at your former employment or on your own initiative, from which you have obtained a certificate or a similar document (certificate of registration, confirmation of attendance, etc.) and any other training (soft and hard skills training, computer courses, language courses, etc.)

From month and year	To month and year	Name of the Course/Training:	trainer	Type of document

I agree to be listed as an applicant for the vacancy listed in my application. In the event of my employment, I hereby consent for the employer to process all the personal data above, in particular to store them in the employer's database for the purpose of processing the personnel agenda, payroll and statistics. I can withdraw my consent in writing anytime. Personal data which is not necessary to be kept will be erased.

In on.....

Signature:

Personnel Department: