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| **Questionnaire** |  | Please tick as appropriate | [x]  | or fill in |
|  |  |  |  |  |
| **I. Personal data** |
|  |  |
|  | Name, first name, |
|  |  |  |  |  |  |
|  | Street, house number |
|  |  |
|  | Postal code, place of residence |
|  |  |
|  | Telephone, email address |
|  | Date of birth Nationality / Nationalities |
|  |  |  |  |
|  |  |  |  |
| **II. Specific personal circumstances** |
|  |  |  |  |
| **1.** | disability (§ 20, par. 2, Social Act IX/9) | [ ]  yes | [ ]  no |
|  | Notice of recognition of |  |  |
| **2.** | equality (§ 3, par. 2, Social Act IX/9) | [ ]  yes | [ ]  no |
|  | Notice of equality of |  |  |
| **3.** | Have you already been a member of a supplementary insurance (VBL, ZVK,or other) in the public service in the past? | [ ]  yes  | [ ]  no |
|  | If so, of which one? | from |  until |
|  |  |  |   |   |
|  | Do you still have the entitlement? | [ ]  yes | [ ]  no |
|  | Comments: |  |
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| **III. Education / higher education, vocational training and special skills** |
|  |  |  |
| **Education** | **Schools/universities attended** |
|  | Type | Place | Period of time | Final result |
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| **Vocational Training** | Type | Place | Period of time | Final result |
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| **Special skills** | Languages (school knowledge or degree of command of language, e.g. CEF Level or certificate) |  |  |
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|  | Courses/seminars/training programmes received outside regular education |
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|  | Driving license (class) |  |
|  | Other special skills |
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| **IV. Professional Activities outside of the Public Service** |
|  |  |  |  |  |  |
|  | From - until | as (with indication of the activity) | at |  | Comments |
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| **V. Professional Activities within the Public Service** |
|  |  |  |  |  |  |
|  | From - until | as (with indication of the activity) | at | Payment group. | Salary upgradea) on (date)b) in payment group |
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|  | I confirm that I have provided all data to the best of my knowledge and belief. |
|  | I understand that any false statement made knowingly may result in the termination of employment. |
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|  | Place, date |  | Signature (first and last name) |
|  |  |
|  |  |