|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Questionnaire** | | | |  | | Please tick as appropriate | | | | | | |  | 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: | | | | | |  | | | | | | | |
|  | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | | | |
| **III. Education / higher education, vocational training and special skills** | | | | | | | |
|  |  | | |  | | | |
| **Education** | **Schools/universities attended** | | | | | | |
|  | Type | Place | | | Period of time | | Final result |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
| **Vocational Training** | Type | Place | | | Period of time | | Final result |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
|  |  |  | | |  | |  |
| **Special skills** | Languages (school knowledge or degree of command of language, e.g. CEF Level or certificate) | | |  | |  | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  | Courses/seminars/training programmes received outside regular education | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  | Driving license (class) | |  | | | | |
|  | Other special skills | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IV. Professional Activities outside of the Public Service** | | | | | | | | | | | |
|  |  | |  | | |  |  |  | | | |
|  | From - until | as (with indication of the activity) | | at | | |  | | Comments | | |
|  |  |  | |  | | |  | |  | | |
|  |  |  | |  | | |  | |  | | |
|  |  |  | |  | | |  | |  | | |
|  |  |  | |  | | |  | |  | | |
|  |  |  | |  | | |  | |  | | |
|  |  |  | |  | | |  | |  | | |
|  |  |  | |  | | |  | |  | | |
|  |  | |  | | |  |  |  | | | |
|  |  | |  | | |  |  |  | | | |
|  |  | |  | | |  |  |  | | | |
| **V. Professional Activities within the Public Service** | | | | | | | | | | | |
|  |  | |  | | |  |  |  | | | |
|  | From - until | as (with indication of the activity) | | at | | | | | Payment group. | Salary upgrade a) on (date)  b) in payment group | |
|  |  |  | |  | | | | |  |  | |
|  |  |  | |  | | | | |  |  | |
|  |  |  | |  | | | | |  |  | |
|  |  |  | |  | | | | |  |  | |
|  |  |  | |  | | | | |  |  | |
|  |  |  | |  | | | | |  |  | |
|  |  |  | |  | | | | |  |  | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | 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. | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | |  | |  | | | | | |  |
|  | Place, date | |  | | Signature (first and last name) | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |