**FOREIGNER EMPLOYMENT QUESTIONNAIRE**

**EMPLOYEE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname** |  | **Birth name** |  | | |
| **Name** |  | **Degree** before name |  | **Degree** after name |  |
| **Date of birth** |  | **Place of birth** |  | | |
| **Nationality** |  | **Citizenship** | Zvolte položku. | | |
| **Passport number** |  | **Bank account1** (for salary purposes) |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Permanent address** |  | | |
| **Correspondence address** |  | | |
| **Correspondence address in CZ** |  | | |
| **Telephone – mobile phone** |  | **e-mail** |  |

**EDUCATION AND QUALIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Education** (type of classification/code) | **Name and location of school/institution** | **Year** of termination | **Specialization/study programme** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Habilitation/ professorship |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Language skills** | **Language** | **Level of knowledge** |  | **Level** | **Knowledge of language** |
|  |  |  | *A1* | *ELEMENTARY* |
|  | *A2* | *PRE-INTERMEDIATE* |
|  |  |  | *B1* | *INTERMEDIATE* |
|  | *B2* | *UPPER-INTERMEDIATE* |
|  |  |  | *C1* | *ADVANCED* |
|  | *C2* | *PROFICIENCY* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other skills  and abilities** | **Specification** (software, name) | **Level of knowledge** |  | **Driving licence** |
|  |  |  | YES – NO |
|  |  |  | **Since** (year) |
|  |  |  |  |
|  |  |  | **Group:** a b c d e m t |

|  |  |  |
| --- | --- | --- |
| **Do you have any other job? If so, please, provide the name and registered office of the employer.** | YES - NO |  |
| **Are you retired? If so, please specify the type, the country and since when.** | YES - NO |  |

**Previous work in the Czech Republic** YES - NO2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Registered in CZ under** | Birth number (personal identification number) / social security number OSSZ: | |  | |
| **Health insurance in CZ at Insurance Company** (code, name) |  | **Insurance number:** | |  |

|  |  |
| --- | --- |
| **Are you a tax resident in CZ?** | YES - NO |

**Affiliation to social security 3**)(not to be filled in by the “citizen of another country”)

|  |  |  |  |
| --- | --- | --- | --- |
| Concurrent performance 2) | Institution for premiums payments (name, address) | Bank account)  (for premiums payment) | Amounts payable in % |
| YES - NO |  |  |  |

**Work and residence permits** (to be filled in only by the “citizen of another country”)

|  |  |  |
| --- | --- | --- |
| **Length of residency in CZ** | **Residence permit** | **Work permit** |
| ☐ short-term (up to 90 days – Schengen visa)  ☐ long-term (over 90 days) | ☐ long-term visa  ☐ employee card  ☐ EU blue card  ☐ long-term stay for study, scientific research and employment purposes | ☐ free access to the labor market (pursuant to Sections 98 and 98a of the Employment Act)  ☐ Scientific researcher (Housing Agreement under Section 30c of Act 341/2005 on R & D)  ☐ based on an employee card  ☐ based on a blue card  ☐ must be handled at the CZ Labor Office |

The employer is entitled to process personal data of the employee to the extent necessary for the fulfillment of the obligations of the employer resulting from generally binding legal regulations (e.g. Labor Code, Employment Act, Sickness Insurance, Pension Insurance, Health Insurance, Income Tax Act, etc.) from the date of their provision for the full period necessary to secure the rights and obligations of the employment relationship.

**Employee statement:**

1. I am aware that if any of the information contained in the personal questionnaire changes, I am obliged to notify the Personnel and Wages Department immediately; otherwise I have full responsibility for the consequences that will result.
2. By my signature, I confirm that all of the information I mention above is complete and true.

**Attachments:** Affidavitated tax return (mandatory)

Form A1 – Confirmation of Legality / Affidavit on a single employer4

In ................................. date ........................... Signature: ...................................................

The identity of the employee has been verified by the travel document:

Person: ................................................... Date: .............................. Signature: ...................................................

1 ) IBAN, SWIFT, name and the address of the bank

2) do not fill in if the answer is NO

3) under Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems

4) an EU, EEA or Swiss citizen is obliged to submit one of the attachments (in the case of concurrent performance in the Czech Republic and in another Member State, Form A1 - if it does not have concurrent performance, Affidavit on a single employer)