Dotazník pro uchazeče o zaměstnání  
[Datum]

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|  | | | | | | | | | | | | | | | | Datum narození: DD.MM.RR | | | | | | | | | | | |
| Jméno | | |  | | | | | | **Příjmení** | | |  | | | | | | | | Titul | | | | |  | | |
| Státní příslušnost: | | | | |  | | | Národnost: | | | | | |  | | | Rodinný stav | | | | | |  | | | | |
|  | | | | **Adresa** | | | | | | | | | | | | | | | | | |  | | | | | |
| Ulice: | | | | | | | | | | | | | Číslo popisné / orientační: | | | | | | | | | | | | | | |
| Město, PSČ: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Poznámka: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Změna zdravotní schopnosti: Ano  Ne | | | | | | | | | | | | | | Důchod: Ano  Ne | | | | | | | Druh: | | | | | | |
| Zdravotní stav: | | | | | | | | | | | | | | Zdravotní pojišťovna: | | | | | | | | | | | | | |
| Držitel certifikace ‚Strážný‘ | | | | | | | | | | | Znalost cizích jazyků: | | | | | | | | **Vzdělání:** Zvolte položku. | | | | | | | | |
| Ano | | | | | | **Ne** | | | | | Jazyk: | | | | Stupeň znalosti: | | | | | | | | | | | | |
| Řidičský průkaz: | | | | | | Skupina: | | | | | Jazyk: | | | | Stupeň znalosti: | | | | | | | | | | | | |
| Ano  Ne | | | | | | Zvolte položku. | | | | | Jazyk: | | | | Stupeň znalosti: | | | | | | | | | | | | |
|  | Ostatní znalosti: | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Poznámka: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jiný pracovní poměr na území ČR: | | | | | | | | | | Ano  Ne | | | | | | | | | | | | | | | | | |
|  | | Průběh předchozího zaměstnání: | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Organizace: | | | | | | | Zařazení | | | | | | | | | | | Od – Do | | | | | | Způsob ukončení: | | | |
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