

Personal questionnaire

Firma:

Name

Name	Surname	Academic title	Suffix

Permanent address

Street	ZIP	City	Country

Contact details

Phone number	Email

Address in the CZ

Street	ZIP	City	Country

Registration data

Personal ID number	Date of birth	City of birth	Country of birth
Sex	Maiden name	Other surname	Citizenship
male - female*			
Health insurance	Marital status		

Education level

Education level

Pension information

Type of pension	Date	Early	Reduced age	Enforcement / insolvency?
		Yes - No*	Yes - No*	None - Enforcement - Insolvency*

Insolvency / Enforcement

Health limitations

Disability type (I,II,III,OZP)	From	To	ZTP/P
			Yes - No*

Bank account

Do you want to receive money to a bank account?	
Yes - No*	
Account number	Bank code

Dependents / children

Full name	Personal ID number	ZTP/P

Personal questionnaire

Firma:

Identity document

Document type	Document number	Issuing authority
Country of issue code		

Non-resident CZ

Validity of residency change	Tax identification type	Tax ID

Address

Street	ZIP	City	Country

Work permit

Reason for labor access	Free labor market access	
	Yes - No*	
Type of work permit	From	To

I declare that all information provided by me is true and that I agree to its processing and use (including making and storing copies of personal documents) for HR purposes for an indefinite period (i.e. until revoked) within the employer's activities.

I also declare that I undertake to report any change of the information provided in this questionnaire within 5 working days from the date of the change.

By means of this questionnaire, the employer fulfils the obligation pursuant to Section 294 of Act No. 99/1963 Coll., the Civil Procedure Code.

In _____ Date _____

_____ Handwritten signature

*delete as applicable