

Company name:				Union member: <input type="checkbox"/> Yes or No <input type="checkbox"/> Which union are you a member of?
Company identification NR:				Company VAT no:
Employer/Manager full name:				Employer/manager age: years old.
Company address and postal code:				
Company description and field of activity:				
No of employees:stk	What nationality are employees?		
The address where the new employee will live:			The address where the employee will work:	
Contact details for the employer:	Phone:	Facebook:	Email:	
Details about the offered job:	Other contact details:			
	1. Job title/position:	Job starts:	Job ends:	
	2. Contract period: 1 year <input type="checkbox"/> unlimited <input type="checkbox"/> other situations <input type="checkbox"/> +describe:			
	3. Duties and responsibilities for the employee:			
Details about salary, holidays, and health insurance:	1. Gross salary/hour or gross salary/month:			
	2. Estimated net salary/hour or estimated net salary/month:			
	3. Breaks during the working day/unpaid:			
	4. Absence due to illness:			
	5. Public holidays are included in the working program <input type="checkbox"/> Yes or No <input type="checkbox"/> If yes, please describe:			
	6. Holiday details – period/year:		payment conditions:	
<input type="checkbox"/> Fulltime work contract <input type="checkbox"/> Parttime work contract	Worked hours/month:	Estimated overtime/month:	Salary for overtime/hour	Work on the weekend: <input type="checkbox"/> Yes or No <input type="checkbox"/> If yes, please describe:
Housing: the employer offers accommodation: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how much per monthwith all the utilities included. Room: <input type="checkbox"/> Yes or No <input type="checkbox"/> , Apartment: <input type="checkbox"/> Yes or No <input type="checkbox"/> Internet is provided: <input type="checkbox"/> Yes or No <input type="checkbox"/> Distance between accommodation and workplace:.....km. Employer provides transport between accommodation and workplace: <input type="checkbox"/> Yes or No <input type="checkbox"/> <input type="checkbox"/> Bicycle <input type="checkbox"/> Scooter <input type="checkbox"/> Car <input type="checkbox"/> Other, describe: Employer provides transport between places of work: <input type="checkbox"/> Yes or No <input type="checkbox"/> <input type="checkbox"/> Bicycle <input type="checkbox"/> Scooter <input type="checkbox"/> Car <input type="checkbox"/> Other, describe:			
Future employee description: <input type="checkbox"/> Woman <input type="checkbox"/> Man	Age range: from.....YO, to.....YO		Married: <input type="checkbox"/> Yes, No <input type="checkbox"/> , Not important <input type="checkbox"/>	
	Foreign language requirements:	English: <input type="checkbox"/> Yes or No <input type="checkbox"/>	German: <input type="checkbox"/> Yes or No <input type="checkbox"/>	Other languages:
	Work experience: <input type="checkbox"/> Yes or No <input type="checkbox"/>	<input type="checkbox"/> trainee <input type="checkbox"/> worker <input type="checkbox"/> special worker		Special observations/requirements about future employees:
	Driver's license requirements: <input type="checkbox"/> Car, <input type="checkbox"/> Tractor, <input type="checkbox"/> Without driver license <input type="checkbox"/> Special license, please describe:			
Other observations regarding employees:				

Date:

Employer stamp and signature;