NH Montage- & Anlagenservcie GmbH

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MONTAGE- & ANLAGENSERVICE GMBH

application number: _____ applications talk with: _____

notes to the talk:

application form

surname	first name
postal code - place:	road number:

private telephonenumber:	accessible about:	email:

birth-place:	SVNr.:	birth date:

IBAN	BIC	banking institution:	place:

functional e-card yes ☐ ☐ no functional credit card with insurance coverage yes ☐ ☐ no

Are you ☐ single ☐ married ☐ orced

Did you afford the military service ☐ s n☐ why not

Are you previously convicted ☐ yes ☐ no for what reason

nationality :	Which work permint do you have:

Do you have an own car	Which driving license do you have	crane license	forklifts license
☐ yes ☐ no	☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G	☐ ☐ yes no	☐ ☐ yes no

Would you work shifts yes ☐ ☐

What is the earliest date for starting work	How much do you like to earn : €

are you filed for unemployment yes ☐ no ☐

In which job centre you are registered	Who is your advisor:

school education

primary school	other school education:	how many years
years		
secondary school	other school education:	how many years
years		
vocational college	other school education:	how many years
years		
college	other school education:	how many years
years		

do you have courses or exams

which

exam ☐ yes ☐ no

which

exam ☐ yes ☐ no

which

exam ☐ yes ☐ no

which

exam ☐ yes ☐ no

occupational career

Did you learn a trade

begin years | end years | Did you finished the apprenticeship with an apprenticeship exam ☐ yes ☐ no

At which company did finished the apprenticeship

company / place	employed as	start year month	end year month

Please write in detail your occupation at the current employers

company / place	employed as	start year month	end year month

Which occupational activity did you pursue at this employer:

company / place	employed as	start year month	end year month

Which occupational activity did you pursue at this employer:

company / place	employed as	start year month	end year month

Which occupational activity did you pursue at this employer:

What are your professional goals?

personal dates/ health Journal

NH Montage- & Anlagenservice GmbH will endeavour to ensure your safety. On the one hand to comply with legal requirements for protection of your health and on the other side we need all the important information for the right choose of your work efforts. Please fill in the following in an accurate and correct way.

body size:	weight :	clothes size:	shoe size:

do you use a visual aid ☐ s ☐ r hear you good or normal yes ☐ no ☐

You are you free of giddiness ☐ s ☐ free of giddiness to meter

Do you suffer from allergies ☐ s ☐ which:

Do you have troubles or diseases of your locomotor ☐ yes ☐ no

are you fully operational despite these complaints ☐ /es ☐

If yes which one:

Do you have a certificate of disability ☐ n☐ degree of disability:

Do you drink some alcoholics regularly yes n☐ ☐

Do you drink more then 1 litre bier a day yes n☐ ☐

Do you smoke ☐ s ☐

do you practise sport regularly ☐ . r☐ which type of sport:

Did you do any special fitness exams in den last few years yes ☐ ıo ☐

welding fumes investigation ☐ s ☐ year

auditory investigation ☐ ; ☐ year

respiratory protection ☐ ☐ year

you have form other worker a Security pass ☐ yes ☐ no

other investigation:

Do you have a first aid trainig yes ☐ ☐ how many hours included

year / month this education: hours

name of the marriage partner	date of birth	SVNr.:	Is the marriage partner self-insured
			yes ☐ ɔ ☐

the children's name, who are co-insured at yours

☐ daughter ☐ son	name	date of birth	SVNr.:	☐ daughter ☐ son	name	date of birth	SVNr.:
☐ daughter ☐ son	name	date of birth	SVNr.:	☐ daughter ☐ son	name	date of birth	SVNr.:
☐ daughter ☐ son	name	date of birth	SVNr.:	☐ daughter ☐ son	name	date of birth	SVNr.:

Do you have wage garnishments: which, where and the amount:

Attachments ☐ work certificate ☐ career pa☐ copy cours☐ onfirmations

☐ egistration form ☐ ice certificate birt☐ ertificate citizer☐ p verification

other attachments:

date signature

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