

ALCUMATIC A/S

APPLICATION FORM

Name:										
Address:										
Mail-address:										
Birthdate:										
Which education do you have?		_								
Have you had/or do you have serious illnesses that make you unable to work in a production?	NO	YES		æ						
Do you have physical disabilities	NO	YES		If yes, which?						
Do you have a Truck Certificate	NO	<u> </u>	YES							
Can you work in shifts	NÓ		YES							
How do you get to and from work?	CAR	BL	JS	BIC	YCLE	Other	?			
Do you know someone at us?	NO	YES		Wh	Who?					
Which job are you looking for?		ı								
Where did you last work?										
Contact person at your last workplace?										
When can you start?	NOW:		Da	ate:						
Possible previous workplaces:										
I give my consent that the information months for use in any later employ the payroll bookkeeping, if I am had Rights, access, deletion and right Protection Regulation	yment ai iired.	nd i	that it	will k	e store	d toget	her witi	h my m	aster c	lata in
						Ra	gebøl, (den _	·	20
			Sic	n:						

Information in this application will of course be treated confidentially and will only be used in any job interview or employment.



APPLICATION FORM

FOR EMPLOYMENT (INTERNAL) USE ONLY:

Employee information:											
CPR-no											
Are you covered by the industry's collective agreement in your YES current/previous work?				NO							
Do you have a work permit in YES Denmark?			NO								
Have you been connected to the labour market for the last 13 weeks and worked at least 120 hours			NO								
Information from	the Head of Dep	artme	nt:								
The applicant i	s employed with	l									
	In the dep	artme	ent:								
Working hours:	Day-time		Shifts	Evening time	Night-time	Other					
Hours.	Day-time	•	5111118	Evening-time	inigni-time	Other					
Temporary employment for the:											
Agreed hourly rate:											
Must be able to operate a machine:			as: _	as:							
			or:								
Other agreements:											
Comments:											

sign. Employee

Head of the department

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