**UNIVERSITY OF ECONOMICS IN BRATISLAVA**

Dolnozemská cesta 1, 852 35 Bratislava

Application for employment

Application to take part in the selection procedure\*)

Name, surname, title: ............................................................................................................................

Permanent address: .............................................................................................................................

Phone number:............................................. e-mail:.............................................................................

*I am applying for a job at the* ***University of Economics in Bratislava*** *for the position / post\*) :*

.......................................................................... starting from: with focus\*\*) :

in the creative (scientific and research) field of: ................................................................................

in the field of education on: .....................................................................................................................

*................................................................................................................................................................*

Education completed (primary, secondary, university): ............................................................ name of school attended: .....................................................................................................................

year of completion: ................................. proof of education: ......................................................................

I have / do not have\*) commitments with other employers with working hours hours per week.

I declare that I am aware / am not aware \*) of facts which could prevent the proper performance of the required job or could cause damage to the employer by the performance of a competing activity (specify which facts):

*................................................................................................................................................................*

I declare that I am medically fit for the job for which I am applying ( § 3, paragraph 1, letter a) of the Act on the Employment of Workers (art. 3, paragraph 1, letter a) of the Act on the Employment of Workers (art. 3, paragraph 1, letter a)). 552/2003 Coll. as amended).

I declare that these particulars are complete and true and that no information other than the above has been requested from me in connection with my application for employment or selection.

At the same time, I hereby give my consent to the processing of my personal data in accordance with Act No. 18/2018 Coll:

- to be attached according to the vacancy or competition announced

In ....................................... of ...................................

 *.....................................................................*

 signature of the applicant

\*) delete as appropriate

*To be filled in by the employer*

***Admissions records***

The result of the interview or selection procedure:

Date:

stamp, signature

|  |
| --- |
| Motion to adopt as of: ................................. to department:...................................................................................indefinite\*) - definite\*) to: ................................ probationary period in months: ......................................... job title - function ...............................................................................................................................tariff (salary) grade ....................................... weekly working hours in hours: ........................................Date ................................. ...................................................signature of the immediate superior |
| Statement of the Rector of the UE in Bratislava: |

|  |  |  |
| --- | --- | --- |
| **Documents on entry to employment** | **Taken on** | **Signature of the official** |
| Confirmation of employment |  |  |
| Evidence of education |  |  |
| Criminal record extract |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Documents issued to the employee** | **Date** | **Employee's signature** |
| Employee card |  |  |  |

**Assigned personal number of the employee:**