

Registration form

This form must be carefully completed in full and returned to Adem no later than:



Social Security Number :

Surname :

First name(s) :

Address :

..... N° Box

Postcode : Town :

Telephone : Mobile :

E-Mail :

We would like to remind you that you should be reachable at the phone numbers listed above and that you should check your e-mails daily.

Date of birth :

Place of birth :

Sex : male female

Marital status :

single married civil partnership widowed
 separated divorced

Number of dependent children :

Nationality :

Holder of a Luxembourg residence permit :

Yes No If yes, valid until

Type of residence permit? :

Available to take up new employment from :

Your Education

Primary education

Year : from to

Last class passed:

Country :

Secondary education

I Technical secondary education

Year : from to

Field of study :

Last class attended:

Last class passed:

Diploma :

Country :

I Traditional secondary education

Year : from to

Field of study :

Last class attended :

Last class passed :

Diploma :

Country :

I other

.....
.....
.....
.....

Higher Education

Year : from to

I **Type** (university, college, specialist school, etc.)

.....

I **Specialisation / Field of study**

.....

I **Number of successfully completed years**

.....

I **Diploma / Degree** (Bachelor's, Master's, PhD, etc.)

.....

I **Country**

.....

Year : from to

I **Type** (university, college, specialist school, etc.)

.....

I **Specialisation / Field of study**

.....

I **Number of successfully completed years**

.....

I **Diploma / Degree** (Bachelor's, Master's, PhD, etc.)

.....

I **Country**

.....

Other training / qualifications

.....

.....

.....

Career History

Most recent employer

Company name

Job description

Employment contract

Period of employment from
to

Hours / Week :

morning afternoon evening
standard hours shiftwork night irregular

Temporary contract Permanent contract
Apprenticeship Work placement

End of notice period :

Gross income over the last 3 months

Month 1: Gross income : Euros/Month
Month 2: Gross income : Euros/Month
Month 3: Gross income : Euros/Month

Reason for terminating the employment

.....
.....

Other employers

Name	Job title	Period of employment
.....	from / / to / /
.....	from / / to / /
.....	from / / to / /
.....	from / / to / /

Language skills

1 = Basic 2 = Intermediate 3 = Very good 4 = Excellent

Luxemburgish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
English	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Other	<input type="checkbox"/>

- 1 = I can interact and communicate in a simple way in everyday life
- 2 = I have a basic knowledge to cope with everyday life situations and to speak on current topics
- 3 = It is easy for me to express myself somewhat correctly on different topics
- 4 = I can easily express myself on complex subjects

IT Skills

1 = Basic 2 = Intermediate 3 = Very good 4 = Excellent

Internet/e-mail	<input type="checkbox"/>		
Word	<input type="checkbox"/>	Excel	<input type="checkbox"/>
Powerpoint	<input type="checkbox"/>	Access	<input type="checkbox"/>

Specialised IT Skills

(i.e. : AutoCAD / Photoshop / Illustrator / SPS / SAP / Oracle ...)

.....

.....

Personal skills and professional experience

Describe your skills and experience

.....

.....

.....

.....

Describe your strong points

.....

.....

Position(s) sought

This part is used to prepare the meeting with your advisor. During the meeting, you will be able to specify and diversify your job search. Please note that you are obliged to accept any suitable position (amended Grand-Duchy regulation of 25. August 1983). You will, by priority, be offered employment within your most recent profession (except in the event of external redeployment).

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.....
.....

Employment contract sought

Hours / Week :

morning afternoon evening
normal shiftwork night irregular

Temporary contract Apprenticeship
Permanent contract No preference

I am also interested in employment opportunities abroad

Mobility

Driver's licence Yes No
A B C D E F
Private car Yes No

Additional information

Do you have a reduced working capacity? Yes No

If yes, to what extent?

Are you recognised as a disabled worker? Yes No

Are you recognised as a worker with reduced working capacity? Yes No

Place and date :, / /

.....
Signature