

## **EMPLOYMENT APPLICATION FORM**

THE FOLLOWING FIELDS MUST BE COMPLETED OBLIGATORY
AS WELL AS THE SECOND PAGE OF PERSONAL DATA PROCESSING CONSENT

Beach Hotel & Spa	PERSONAL INFORMATION					
REQUESTED POSITION :			ATTACH			
FULL NAME:			A RECENT			
FATHER'S NAME :			PHOTO			
MOTHER'S NAME :						
DATE OF BIRTH :	NATIONALITY:					
I.D. / PASSSPORT NUMBER :	TAX NUMBER :					
	TAX DEPARTMENT :					
MARITAL STATUS :	MARRIED ☐ SINGLE ☐ DIVORCED		widower $\square$			
CHILDREN:						
HOME ADDRESS :	CONTACT INFORMATION					
MUNICIPALITY:	REGION :					
CONTACT PHONE :	E MAIL :					
	EDUCATION - LANGUAGES					
BASIC EDUCATION:	PRIMARY SCHOOL SECONDARY SCHOOL	HIGH SC	CHOOL			
HIGHER EDUCATION :	TECHNICAL SCHOOL TECHNOLOGICAL (T.E.I)	UNIVE	ERSITY (S.E.I)			
COLLEGE :	CERTIFICATE :					
DRIVING LICENCE:		CORV OF	VOLID CERTIFICATES			
LANGUAGES:	* PLEASE, ENCLOSE GERMAN	COPY OF	RUSSIAN			
OTHER LANGUAGES :	CERTIFICATES :					
	<del>Beach Hotel &amp; Spa</del>	,				
FROM – TO	WORK EXPERIENCE (START WITH THE MOST RECENT)  COMPANY  JOB POSSITION –	DUTIES	PAYMENT			
1.						
2. 3.						
4.						
5.						
REQUESTED WAGE:	ACCOMMODATION / BO	ARD:				
RECOMMENDATIONS 1	FULL NAME JOB POSSITION	TELE	EPHONE NUMBER			
2						
3		1				
I DECLARE THAT ALL ABOVE INFORMATION IS TRUE.						
DATE :	ACCEPT AS A CAUSE OF DISMISS ANY OMISSION OR FALSIFICATED INFORMATION.  SIGNATURE:					



## IDIVIDUAL CONSENT FORM FOR PROVISION OF PERSONAL DATA LICENCE & PROCESSING

Ве	ach Hotel & Spa	Date : _	
	0000		
	undersigned		
unco and	onditionally, that I have been adequately informed in a sim processing of my personal data fromconsent for the following purposes:	ple, clear and comprehensible manner rega	ording the maintenance
1.	Information, promotion and communication of services the even with automated means such as ex. Via telephone, SN		eady received from you
Leg	motion of my personal data to third parties or groups of al Protection, Experts – Appraisers – Accident Analysts for cedures as ex. the compensation procedure following an ac	the purpose of performing insurance cont	
2.	Examine your application, identify, and integrate into a Company is called upon to undertake or has undertaken, of the premium. In the context of the risk assessment, autherisk taking stage.	the decision to conclude an insurance contr	ract and the calculation
3.	Profiling and using electronic means of behavior and consimmediacy and quality in managing my requests as well and services of the <b>«Company»</b> .		
4.	The registration and maintenance of my personal data insurance contracts drawn up on my behalf with access the individual insurance intermediary.	·	•
PERS	SONAL DATA OF SPECIFIC CATEGORIES	102 26	
<b>0</b>	undersigned, in accordance with Article 9.2 <sup>A</sup> of the Regula provide <b>expressly and without reservation of my conse</b> t gories (sensitive data) for the purpose of insurance mediat	<b>nt</b> for the maintenance and processing pe	
		Consent	
insu	noted that refusal or withdrawal of the relevant rance contract. Please note that consent is only acce ative is considered the choice «I Decline» and the NO	ptable when declared positively 🗹 in i	
		ta Subject nature)	
			☐ I Decline