 **EMPLOYEE'S PERSONAL DATA FORM**

1. Given name(s) and family name:........................................................................................
2. Father’s given name: .........................................................................................................
3. Date of birth: .....................................................................................................................
4. Country of birth (only for foreigners) ...............................................................................
5. Citizenship: .......................................................................................................................
6. PESEL [Personal Identity Number] (if not available – type and number of an identity document: ..........................................................................................................................
7. Tax identification number (NIP): ......................................................................................
8. Residence address: .............................................................................................................
9. Given names and family names, dates of birth of children, and of other immediate family members, if you intend to exercise special rights under the employment law ....................................................................................................................................................................................................................................................................................................
10. Other personal data of the employee necessary to exercise special rights under the employment law (e.g. certificates on the degree of disability) ....................................................................................................................................................................................................................................................................................................
11. Education: ...................................................................................................................

 (name of the educational institution, graduation year)

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 (profession, speciality, degree, professional title)

1. Previous employment (under employment contracts).................................................

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| From |  To | Place of employment  | Position |
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1. Person to be notified in case of emergency .................... phone no.: ………..

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##  place and date signature of the person submitting