

Application form/ Prijavni list

Photo

Position applied for/ **Za koju se poziciju prijavljujete** _____ address/**adresa** _____
Surname/**prezime** _____
Forenames/**ime** _____
ID BROJ /**Broj lične karte.** _____
Date of birth/**Datum rođenja** _____ age/ **starost** _____ home phone/**kućni telefon** _____
Place of birth/**Mjesto rođenja** _____ mobile/**mobilni** _____
Nationality/**Nacionalnost** _____
name, address, phone no. Of emergency contact/**ime, adresa i telefon za kontakte u hitnim slučajevima** _____

Ever been convicted of a felony? Yes / no */
Da li ste ikada bili osuđivani za kriminalna djela? _____

Sex/**pol** male / female * **muški/ženski** Status /Status married / single * **oženjen/ neoženjen**

No. Of dependants/**Broj izdržavanih članova** _____

if non-BIH resident, do you have a valid permit to work in BIH ? /**Ukoliko niste BiH državljanin, da li imate radnu dozvolu za rad u BiH?** yes / no / **da/ne**

Can you work weekends/**Možete li raditi tokom vikenda?** yes / no / **da/ne***

How do you travel to work?/ **Kako stižete do posla?** _____ Do you have any holidays booked yes / no * / **imate li**

rezervirano ljetovanje? da/ne* If so, when?/ **Ako imate, kada?** _____

Can you start immediately?/ **Možete li početi raditi odmah?** _____

if no, earliest date you can start / **Ako ne, kada najranije možete početi?** _____

Could you get home late at night/ **Možete li dolaziti kući kasno noću?** yes / no * **da/ne***

How did you hear about us?/**Kako ste čuli za nas?** _____

What makes you a suitable candidate?/ **Šta vas čini odgovarajućim kandidatom?** _____

Expected monthly salary /**Koliku mjesečnu platu očekujete?** _____

How would you describe your health?/**Kako biste opisali svoje zdravstveno stanje?**

Do you suffer from epilepsy?/**Da li imate epilepsiju?** Yes / no **Da/ne*** Do you smoke?/**Da li pušite?** yes / no * **da/ne***

What type of employment are you looking for? Full-time / part-time * Long-term / short-term *

Kakav tip zaposlenja tražite? Puno radno vrijeme/ pola radnog vremena Dugoročno/kratkoročno*

Employment record: please list all employers from present to last in that order

Podaci o zaposlenju: molimo Vas, navedite sve poslodavce od sadašnjeg pa idući unazad do prvog

from od	date datum	to do	name and address of employer ime i adresa poslodavca	contact name kontakt ime	please give brief details of duties / position held molimo vas, kratko navedite detalje vaših obaveza kao i poslova koje ste obavljali	Wages/ plate reason for leaving/razlog odlaska

Medical record: please list all (if any) that you have had or are currently under treatment for

Medicinski podaci: molimo vas, navedite sve tretmane (ako ih ima) koje ste imali ili ih imate sada

Hobbies / interests: please list any / Hobiji / interesovanja: **molimo vas navedite neke**

Please list any languages spoken (other than Bosnian & English) and degree of fluency/ **Molimo vas, navedite jezike koje govorite /izuzev bosanskog i engleskog/ i nivo znanja**

i certify that the information on this form is true in every respect. / **Izjavljujem da su moji odgovori istiniti, potpuni i tačni.**

signed: **potpis**

date: **datum**