 **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. Defence general duty:
2. military rank …………………………………….
3. Military Draft Office affiliation ………………………..
4. assignment to Ready Reserve, Armed Forces of the Republic of Poland ……………………
5. Person to be notified in case of emergency .................... phone no.: ………..

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## place and date signature of the person submitting