

EMPLOYMENT QUESTIONNAIRE JSC „VENTSPILS TIRDZNIECĪBAS OSTA”

Position (-s) you would like to be engaged on _____

Name _____ Surname _____

Address _____

Telephone number _____ Date of birth _____

EDUCATION (the last acquired or more corresponding to a position)		
<i>Name of Educational Establishment</i>	<i>Period</i>	<i>Profession/Qualification</i>
WORK EXPERIENCE (starting with the last)		
<i>Employer</i>	<i>Period</i>	<i>Position and responsibilities</i>
1.		
2.		
3.		
4.		
LANGUAGE SKILLS (please indicate the level of skills)		
<i>Latvian</i>		
<i>Russian</i>		
<i>English</i>		
<i>Other</i>		
COMPUTER SKILLS (work with a computer and/or computer programmes)		
ADDITIONAL INFORMATION		

With a signature You confirm that the information given in this questionnaire is true.

/Signature /

/Date /

**The completed questionnaires please submit to Human resources or send by post:
Personāla daļa, Dzintaru iela 22, Ventspilī, LV-3602; by fax: 636 68870**