

APPLICATION FORM



Picture

We kindly ask you to fill out this application form by hand and in capital letters. Please return it to us via mail or e-mail and include your CV.

PERSONAL DATA:

Name: _____

First Name: _____

Date of Birth/Place of Birth: _____

☐ female ☐ male

Street: _____

Postcode: _____ City: _____

Nationality: _____ Relationship Status: _____

Telephone Number: _____ E-mail: _____

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EDUCATION:

Schools:	Graduated	Years:	Type of School (Branch):
	<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> yes <input type="checkbox"/> no		
	<input type="checkbox"/> yes <input type="checkbox"/> no		
Foreign Languages:	<input type="checkbox"/> yes <input type="checkbox"/> no	namely:	
Computer Skills:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Programs:
Driver's Licence:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F	
Forklift Licence:	<input type="checkbox"/> yes <input type="checkbox"/> no	namely:	
Further Education:	<input type="checkbox"/> yes <input type="checkbox"/> no	namely:	

Other:

PROFESSIONAL EXPERIENCE: (please tick the appropriate boxes)

Learned Professions:

☐ Military Service ☐ Civilian Service ☐ exempted ☐ not yet served

Former Employments | Duration:

Current Employment (if any):

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QUALIFICATION:

- ☐ Master Craftsman's Certificate ☐ Journeyman's Examination ☐ Skilled Worker ☐ General A-Levels
- ☐ Specific A-Levels (Business or Technical School) ☐ University or College Degree

APPLICATION FOR:

- ☐ Administration ☐ Production (Bakers only) ☐ Building Services ☐ Caretaker
- ☐ Cleaning ☐ Packaging ☐ Logistics ☐ Apprentice

Other:

Possible Start of Work:

Working Hours/Week: ☐ 20 hours (part-time) ☐ 40 hours (full-time)

Expected Salary (net): €

Work Permit (in case of a non-Austrian citizenship): ☐ yes ☐ no valid until:

How did you hear of Backwelt Pilz?

Date of Application:

Signature of Applicant:

☐ I accept the in-house use of my personal data by Backwelt Pilz. My data will not be disclosed to a third party.

You can always reject the use of your personal data via e-mail to **personal@backwelt-pilz.at**.
For further information please see **backwelt-pilz.com/data-protection**