Office of Labour, Social Affairs and Family.................................................................. File number ......................................

**Application**

**for inclusion in the register of job seekers**

pursuant to Section 34 of Act of the National Council of the Slovak Republic No. 5/2004 Coll. on employment services and on amendments to certain acts,

as amended **(hereinafter referred to as “Act No. 5/2004”)**

**The application is also an application for unemployment benefits**

*\*Underline as appropriate*

**Name, surname, title** ........................................................................ **Surname at birth** ....................................

**Personal ID** ............................................................. **Place of birth** .................................................................

**ID card No.** ................................................. **Health insurance company** ..........................................................

**Citizenship**..................................................... **Status**......................................................................................

**Nationality**................................................................. **First language**..............................................................

**Permanent residence:**

**Street** ................................................................ **Register number** .................................................. **Street number** ...............................................

**Postal code** .................................................. **City** ...........................................................................................................................

**Phone** ......................................... **E-mail** ................................................................................................................

**Usual place of residence:**

**Street** ................................................................ **Register number** .................................................. **Street number** ...............................................

**Postal code** .................................................. **City** ...........................................................................................................................

**Phone** ......................................... **E-mail** ................................................................................................................

**Correspondence address** ...........................................................................................................................................

**Temporary residence:**

**Street** ................................................................ **Register number** .................................................. **Street number** ...............................................

**Postal code** .................................................. **City** ...........................................................................................................................

**Contact for the legal representative of a minor:**

**Name, surname, title** ............................................................................................. **Phone** .........................................

**Permanent residence:**

**Street** ................................................................ **Register number** .................................................. **Street number** ...............................................

**Postal code** .................................................. **City** ...........................................................................................................................

I hereby request to be included in the register of job seekers, as I can work, want to work and seek employment.

Period of employment in Slovakia, in another EU member state, as a policeman or soldier

**Last employer in the Slovak Republic before filing the application**

**Name, address**   **Org. ID**  **From – to**

.................................................................................................... .............................. ........................................

**Job position** .......................................................... **Method of termination of employment:**........................

**Reason for termination of employment:** ...............................................................................................................

**Other previous employers in the Slovak Republic for the last 3 years, or since the last registration**

**1. Name, address**   **Org. ID**  **From – to**

.................................................................................................... .............................. ........................................

**Job position** .......................................................... **Method of termination of employment:**........................

**Reason for termination of employment:** ...............................................................................................................

**2. Name, address**   **Org. ID**  **From – to**

.................................................................................................... .............................. ........................................

**Job position** .......................................................... **Method of termination of employment:**........................

**Reason for termination of employment:** ...............................................................................................................

**Data** on employment in another EU member state in the last 4 years before inclusion in the register of job seekers

**1. Employer name City State From – to**

**.............................................. ............................. .....................................** **.............................................**

**Job position: ......................................................................................**

**2. Employer name City State From – to**

**............................................ ............................. ......................................** **...............................................**

**Job position: .......................................................................................**

**I was\* I was not\* self-employed**

Name Place of business, state Org. ID1) profession from - to

........................................... ................................... .................. ........................................................ ......................

1) only Org. ID allocated in the Slovak Republic

**Other periods before filing the application -** voluntarily unemployed\* state insured person\*,

 From – to Facts

.................................................. .........................................................................................................................

**Overview of graduated schools in order** (primary school1), vocational school, secondary vocational school, grammar school, secondary vocational education, university – I., II., III. degree)

School name, city, state2) From – to Field of study Method of graduation3)  Form of study4)

1.) ............................................ ...................... ............................. ........................................... .........................

2.) ............................................ ...................... ............................. ........................................... .........................

1)Indicate primary school only in the case of primary education; 2)indicate state only when studying abroad

3)completed, unfinished, suspended, ongoing, 4)for graduates, fill in the form of study: full-time, part-time

**My skills, abilities:**

**Language skills:** ........................... level: elementary A1 and A2\*; advanced B1 and B2\*; proficient C1 and C2\*;

**Language skills:** ........................... level: elementary A1 and A2\*; advanced B1 and B2\*; proficient C1 and C2\*;

**Language skills:** ........................... level: elementary A1 and A2\*; advanced B1 and B2\*; proficient C1 and C2\*;

**Driving licence:** A; AM; B; B+E; C; C+E; D; D+E; E; T; A1; B1; C1; C1+E; D1;D1+E; A2

**PC skills: (**e.g.: WORD, EXCEL), level: elementary; advanced; proficient;

.................................................................................. level: ................................................................................

.................................................................................. level: ................................................................................

.................................................................................. level: ................................................................................

.................................................................................. level: ................................................................................

**Valid certificates**(e.g: Certificate of professional competence in accordance with Decree No. 508/2009 Coll. as amended by Decree No. 435/2012 Coll.)

Certificate (submit documents for inspection): certificate validity from – to:

1.) ..................................................................................................... .......................................................................

2.) ..................................................................................................... .......................................................................

**Other specific education/retraining completed, certificates obtained**(submit documents for inspection):

1.) ...............................................................................................................................................................................

2.) ...............................................................................................................................................................................

**Data on the state of health:**

- healthy\*

- health restrictions without recognition of disability\*

- disability pension more than 40%\* - over 70%\*

**Type of disability:** physical\*; mental\*; behavioural disorders\*; multiple\*;

Specify: .................................................................................................................................................................

**I have\* - I do not have\*** a dependent child until the end of compulsory schooling

 Name, surname of the child Personal ID of the child

1.) ................................................................................ .................................................................................

2.) ................................................................................ .................................................................................

3.) ................................................................................ .................................................................................

**Data on the spouse**

Name, surname, title: ..............................................................................................................................................

Street ................................................................ Register number .................................................. Street number ...............................................

Postal code .................................................. City ........................................................................................................................... Place of employment: ..................................................

Employment shifts: one-shift\*; two-shift\*; three-shift\*; continuous\*; turns\*; shared shifts\* flexible\*, other (specify) ..................................................................................................................................................

**My requirements:**

I am interested in working in the professions:

1.) .................................................................................., in which I have experience of .................................................

2.) .................................................................................., in which I have experience of .................................................

**Reasons that you perceive as an obstacle to employment on the labour market:**

my qualification\*; specific knowledge\*; lack of practice\*; insufficient salary evaluation\*; I provide personal care to a family member (child, partner, parent,...)\*;

health reasons\*; other (specify): ...........................................................................................................................

**I solemnly declare that as of the date of submitting the application:**

* **I am\* - I am not** subject to compulsory education until the end of the school year in which I turn 16
* **I am\* - I am not\*** subject to continuous training for profession, meaning:
* **I am\* - I am not\*** a full-time high school or university student
* **I have\* - I have not\*** submitted application for studies at the I., II., III. university degree
* **I am\* - I am not\*** temporarily incapable for work from: .......................................................
* **I am\* - I am not** entitled to maternity benefit from: .......................................................
* **I have been\* - I have not been** granted an old-age pension\*, an early old-age pension\* or a disability pension\* and I have not reached the age required to be entitled to an old-age pension in the Slovak Republic
* **I met**\* - **I did not meet**\* the conditions for entitlement to long-service allowance\*, long-service pension\*, disability long-service pension\*
* **I am**\* - **I am not**\* a recipient of the material need allowance and contributions to the material need allowance
* **I am\* - I am not\*** an employee
* in an employment relationship or
* in a similar employment relationship

Name, address of the employer  Org. ID From

................................................................................................................ .............................. ........................................

* **I am\* - I am not\*** a self-employed person, meaning
* **I am\* - I am not\*** a partner of a public company, a limited partnership or a limited liability company, a managing director or a member of the supervisory board of a limited liability company, a member of the board of directors or the supervisory board of a joint-stock company or an authorised representative under a special regulation – the Commercial Code
* **I have\* - I do not have\*** a trade license under a special regulation – Act No. 455/1991 Coll. on Trade Licensing (Trade Licensing Act), as amended
* **I perform\* - I do not perform\*** an activity under special regulations (e.g Act **No. 78/1992 Coll. on Tax Advisors and the Slovak Chamber of Tax Advisors as amended, Act No. 138/1992 Coll. on Authorised Architects and Authorised Civil Engineers as amended, Act No. 186/2009 Coll. on Financial Intermediation and Financial Advisory Services as amended**)
* **I operate\* - I do not operate\*** agricultural production, including forest and water management under a special regulation (Sections 12a to 12e of Act No. 105/1990 Coll. on private business of citizens, as amended)
* **I have\* - I do not have\*** suspended self-employment from ................................... to ...................................
* **I have\* - I do not have\*** liberal profession under special regulations from:................................................
* **I am\* - I am not\***  self-employed in EU member state or abroad

 state:................................................................... from:............................................................

* **I am\* - I am not\* employed based on an agreement on work performed outside the employment relationship,**

 Name, address of the employer Org. ID From

................................................................................................................ .............................. ........................................

* **I perform\* - I do not perform\*** personal assistance according to Act No. 447/2008 Coll. on Cash Benefits for Compensation of Severe Disability **and on amendments to certain acts as amended, from: ...................**
* **I have\* - I do not have\*** a legal dispute with the employer regarding the invalidity of the termination of the employment relationship or a similar employment relationship; Court name: ............................................................. Proceeding number:..........................................
* In the last four years before being included in the register of job seekers, **I was**\* - **I was not**\* insured against unemployment for at least two years in another EU member state – state .........................................................

**- data on granting an old-age pension, early old-age pension or disability pension in another**

 **EU member state State ..............................................................................**

 **Type of pension ....................................................................... Granted from .........................................................................**

**- data on filing application for an old-age pension, early old-age pension or disability pension in another**

 **EU member state State ..............................................................................**

 **Type of pension ....................................................................... Date of filing the application .........................................**

**- data on fulfilling the conditions for entitlement to long-service allowance, long-service pension, disability long-service pension**

 **Type of pension ....................................................................... Date from ..............................**

**I am hereby claiming an unemployment benefit at the Social Insurance Agency** **yes**\* - **no**\*

I request the unemployment benefit to be paid by:

* bank transfer to the account

IBAN

* in cash to the address

...................................................................................................................................................................................................

The unemployment benefit is transferred to an account in a bank or a branch of a foreign bank, specified by the beneficiary of the benefit, otherwise in cash to the address specified by the beneficiary of the benefit or to the permanent residence address of the beneficiary of the benefit, if the beneficiary of the benefit has not specified an address.

**Instruction on the application:**

According to Section 9 of Act No. 18/2018 Coll. on personal data protection and on amendments to certain acts, personal data must be correct and updated as necessary; all necessary measures must be taken to ensure that personal data which are incorrect in terms of the purposes for which they are processed are deleted or rectified without delay; in case of provision of incorrect data by the data subject, the controller is not responsible for their incorrectness.

Office of Labour, Social Affairs and Family – Org. ID: 30794536,  processes your personal data unde Act No. 5/2004 and further provides the above personal data to public authorities. In case of any doubts, problems or questions, you can contact the email address: ochranaosobnychudajov@upsvr.gov.sk.

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 Place and date of application Signature of the applicant

 ...............................................................................................

Signature of legal representative

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 Name, surname and signature of authorised employee of the Office of Labour, Social Affairs and Family