

I. Employer's data

Name and legal form of Employer: _____

Seat of Employer: _____

Address of Employer: _____

Tax number of Employer: _____

Company registration number: _____

Main scope of activity:

- State administration
 Health care
 Industry
 Construction
 Finance, Insurance
 Legal
 Tourism
 Agriculture
 Trade, Service industry
 Education
 Public transport
 Police, Army, Disaster management, Tax Authority
 Telecommunication, IT
 Transport, Carriage
 Other

Phone number of Employer: _____

Number of employees: _____

Name of the person completing the certificate: _____

e-mail address: _____

II. Employee's data

Employee's name: _____

Employee's birth name: _____

Place and date of birth: _____

Mothers's birth name: _____

III. Employment's data

Profession of the Employee: _____

Present position of Employee:
 Top manager
 Middle manager
 Other white-collar employee
 Blue-collar employee

Place of work: _____

Start of the present employment: _____

Term of the employment:
 Indefinite
 Definite

Start date and expiry date in case of definite term:

from ____ . ____ . ____ to ____ . ____ . ____ Has it ever been extended?
 Yes
 No

Start date and expiry date in case of honorarium (parliamentary allowance):

from ____ . ____ . ____ to ____ . ____ . ____ Has it ever been extended?
 Yes
 No

Is the Employee's weekly working time at least 20 hours?

Yes No

Is the Employee under probation currently?

Yes No

Is the Employee under termination at present?

Yes No

Is the Employee on sick leave at present?

Yes No

Start date of sick leave: ____ . ____ . ____

Reason?

Pregnancy Other

Does the employee dispose of ownership at employer?

Yes No

Payment method of salary:

Transfer In cash

