



**Labour Office of
the Czech Republic**

**JS
JOBSEEKER**

A record of the date of application:

VC - S15

Application for inclusion in the register of jobseekers

Section 22 of Act No. 435/2004 Coll., on Employment, as amended (hereinafter referred to as the "Employment Act")

A. Applicant:

Last name:	First name:	Birth number in the Czech Republic ¹⁾ :
Family name:	Title in front of name: after name:	Nationality:
Place of birth ²⁾ :		
Residence ³⁾ : Municipality: Part of municipality: ... Street: House no.: Building no.: Postcode:		
Address for Municipality: Part of municipality: ... delivery in the CZECH REPUBLIC ⁴⁾ : House no.: Building no.: Postcode:		
Phone no.:		E-mail:

B. Medical restrictions related to job placement:

Tick one of the options. If you choose the second possibility, please specify it in the following options.

- ☐ I have no medical restrictions
- ☐ I have medical restrictions, I am:
- ☐ disabled in the third degree (Section 39(2)(c) of Act No. 155/1995 Coll., on Pension Insurance, as amended)⁵⁾
 - ☐ disabled in the third degree and able to engage in gainful activity under quite exceptional conditions (Section 39(4)(f) of the Pension Insurance Act)⁵⁾
 - ☐ disabled in the second degree (Section 39(2)(b) of the Pension Insurance Act)⁶⁾
 - ☐ disabled in the first degree (Section 39(2)(a) of the Pension Insurance Act)⁶⁾
 - ☐ a person with a medical disadvantage⁷⁾
 - ☐ a person whose disability has been removed in the last 12 months
- ☐ I have other health limitations⁸⁾

Please indicate any specific health limitations (e.g. I cannot work at heights, etc.):

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1) Foreigners, if they do not have a birth number in the Czech Republic, shall indicate in the field **Birth number in the Czech Republic** the date of birth in the format: day, month, year, and sex in the format: M or F (male or female).

2) Fill in if you have not been assigned a birth number.

3) The following shall be deemed to be a domicile:

- for a citizen of the Czech Republic, the address of the place of permanent residence in the Czech Republic,
- in the case of a foreigner who is an EU citizen or a member of his/her family or a family member of a Czech citizen, the address of his/her permanent or temporary residence in the territory of the Czech Republic, and if he/she does not have such residence, the address of the place where he/she usually resides in the territory of the Czech Republic,
- in the case of a foreigner who is neither an EU citizen nor a member of his/her family nor a family member of a citizen of the Czech Republic, the

4) Do not fill in if the address is the same as the permanent residence.

5) This shall be evidenced by a certificate or decision of the social security authority. Full disability which lasts as of 31.12.2009 is considered a third-degree disability starting from 1.1.2010. From 1.1.2010, a natural person who is disabled in the third degree and is capable of gainful activity under completely exceptional conditions is likewise considered to be a natural person who was fully disabled as of 31.10.2009 pursuant to Section 39(1)(b) of Act No.155/1995 Coll., on Pension Insurance.

6) This shall be evidenced by an opinion, certificate or decision of the social security authority. Partial disability which lasts as of 31.12.2009, shall be considered starting from 1.1.2010 as second-degree disability if the reason for partial disability was a decrease of at least 50% in the ability to engage in substantial gainful activity, and first-degree invalidity in other cases.

7) This shall be documented by a certificate or decision of the social security authority, a decision of the Labour Office of the Czech Republic on recognition

8) This shall be documented by the opinion of the attending physician (Section 21 of the Employment Act).

C. Details of qualifications:

Name of school (including vocational school)	Programme

Completed retraining and its focus (do not specify retraining provided by the regional branch of the LO CR):

Professional abilities⁹⁾:

Language skills:

Language	Level (active/passive)	Language	Level (active/passive)

D. Work experience:

Enter occupations (name) performed for 6 months or more	Duration of occupation

E. Employment Requirements:

Profession (please indicate the profession corresponding to your knowledge, skills

Name

Other requirements:

Shift work:	Employment type:
Accommodation:	Outside the district of residence:
Abroad:	Other:

F. Consent to the processing of personal data:

I consent to the processing of my personal data for the purposes of job placement and for the provision of other services under the Employment Act.

G. Information for jobseekers:

1. The contact point of the regional branch of the LO of the Czech Republic mediates suitable job placement, provides advisory and information services in the area of job opportunities and can provide retraining.
2. You can apply for inclusion in the register of jobseekers at any contact point of the regional branch of the LO of the Czech Republic.
3. Registration in the register of jobseekers may be terminated at the request of the jobseeker or if the jobseeker fails or obstructs the necessary cooperation in job placement.

☐ I confirm that I have read the information for jobseekers.

I have taken the form from the official website of the Ministry of Labour and Social Affairs, I have not changed any fixed texts on it, I have merely filled in the necessary fields truthfully.

In	on	. . 20	Signature of the applicant:
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The identity of the applicant was verified by the document:	On	Employee's signature:
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Application forms, certificates and other documents can be found at <https://www.mpsv.cz/web/cz/formulare> or you can pick them up at an office of the Labour Office of the Czech Republic. You should also contact this office if you have any doubts when completing the form.

9) Specify e.g. driving licence including group, knowledge of PC work, working with metal - cutting, soldering, welding including certification, operating technical equipment - heating licence, operating agricultural machinery, operating construction machinery, providing services - lifeguard, trainer, etc., authorization according to Decree No. 50/1978 Coll., health certificate, firearms licence, etc.

Validity of the form from 1.1.2015 2/2 VC 15 01 01 803