

# Application - DANFOREL

<b>Name:</b>				<b>Date:</b>					
<b>Address:</b>				<b>Zip code:</b>		<b>City:</b>			
<b>E-mail:</b>				<b>Mobile:</b>					
<b>Date of birth:</b>				<b>Height:</b>					
<b>Children:</b>				<b>Children's age:</b>					
<b>In case of illness of your children, can someone take care of them:</b>				<b>Yes:</b>		<b>No:</b>			
<b>Are you:</b>		<b>Male:</b>		<b>Female:</b>		<b>Married:</b>		<b>Living with someone:</b>	
<b>Do you have bad, neck, back or shoulder:</b>				<b>No:</b>		<b>Yes:</b>		<b>If yes, what kind?:</b>	
<b>Chronicle decease (allergies)?:</b>				<b>No:</b>		<b>Yes :</b>		<b>If yes, what kind?:</b>	
<b>Do you use glasses?:</b>				<b>No:</b>		<b>Yes:</b>			
<b>How many days illness did you have last year?</b>									
<b>Your nationality :</b>									
<b>Your citizenship:</b>									
<b>If not danish citizen, do you have a work permission?:</b>						<b>Yes:</b>		<b>No:</b>	
<b>Danish skill's?</b>									
<b>Writing</b>					<b>Speaking</b>				
<b>Not good</b>	<b>Middle</b>	<b>Good</b>	<b>Native language</b>		<b>Not good</b>	<b>Middle</b>	<b>Good</b>	<b>Native language</b>	
<b>Education:</b>									
<b>Did you take any course?</b> (fx. Truck – drivers license - quality - safety - hygiene)									
<b>No:</b>		<b>Yes:</b>		<b>If yes, which?</b>					
<b>Did you work for Danforel before? (</b>				<b>No:</b>		<b>Yes:</b>		<b>If yes, when?</b>	
<b>Are you employed at the moment?</b>		<b>No:</b>		<b>Yes:</b>		<b>If yes, how long notice:</b>			
<b>Where do you work/have worked:</b>									
<b>Employer:</b>			<b>When:</b>			<b>Art of work:</b>			
<b>Thank you for your application.</b> <b>The application can be delivered to the administration or e-mailed to <a href="mailto:danforel@danforel.com">danforel@danforel.com</a></b> <b>You will be contacted for a potential job interview. Danforel keeps your application 6 months.</b>									