

Registration with the RAV

Date of entry (1st day of unemployment)				Date of registration				
Social insurance no. (13 digits) 756.				Date of birth (dd.mm.yyyy)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Diverse		
Surname – middle name				First name				
Street, no., postcode, place of residence								
Private telephone no. Mobile phone no.				E-mail				
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated						Nationality		
Residence status						Valid until: Entry date:		
Driving license(s) <input type="checkbox"/> Car <input type="checkbox"/> Truck				Vehicle available <input type="checkbox"/> Yes <input type="checkbox"/> No				
Language proficiency	Spoken			Written			Mother tongue	Time spent in the said
	(1=basic knowledge / 2=good / 3=very good)							
	1	2	3	1	2	3		
Swiss German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other languages:								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What was your last job?								
Last employment <input type="checkbox"/> Full-time <input type="checkbox"/> Permanent <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Part-time <input type="checkbox"/> Short term <input type="checkbox"/> Temporary <input type="checkbox"/> On call								

Workload (volume)%				
What kind of job are you looking for / job wanted:				
1.				
2.				
Function performed in your last position				
<input type="checkbox"/> Independent <input type="checkbox"/> Management <input type="checkbox"/> Expert <input type="checkbox"/> Support <input type="checkbox"/> Apprentice <input type="checkbox"/> Student <input type="checkbox"/> Trainee				
Professional degree(s)				
Profession / job	Qualification (skilled, semi-skilled, unskilled)	Expert (management, independent, support, apprentice, student)	Diploma (none, domestic, foreign)	Years of experience
Preferred work locations				
<input type="checkbox"/> Zug <input type="checkbox"/> Lucerne <input type="checkbox"/> Zurich <input type="checkbox"/> Other cantons <input type="checkbox"/> Abroad				
What workload are you ready and able to take, (volume)%				
Most recent employer				
Company name				
Address, postal code, place				
Type of business				
Absences				
<input type="checkbox"/> Planned vacation from _____ until _____				
<input type="checkbox"/> Military/civil service from _____ until _____				
<input type="checkbox"/> Disability until _____ <input type="checkbox"/> Uncertain/until further notice <input type="checkbox"/> IV registration				
<input type="checkbox"/> Other reasons – please specify?				
Do you have children ? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Chosen unemployment insurance centre				
<input type="checkbox"/> Arbeitslosenkasse Zug <input type="checkbox"/> UNIA Zentralschweiz <input type="checkbox"/> Syndicom <input type="checkbox"/> Syna				
Comments				

By signing this paper/document you confirm the accuracy of the information given, undertake to participate in job market arrangements and to be available with one day's notice.

Place, date:

Signature: