

personal INFORMATION	_	
Name and surname		
Date of birth		
Telephone		
E-mail		
work EXPERIENCE		
1.		
From (day, month, year)	To (day, month, year)	Ongoing
Employer		
Occupation or position held		
Main activities and responsibilities		
2.		
From (day, month, year)	To (day, month, year)	Ongoing
Employer		
Occupation or position held		
Main activities and responsibilities		



education AND TRAINING		
1.		
From (day, month, year)	To (day, month, year)	Ongoing
Title of qualification awarded		
Name of organisation providing education and training		
Main subjects / occupational skills covered		
2.		
From (day, month, year)	To (day, month, year)	Ongoing
Title of qualification awarded		
Name of organisation providing education and training		
Main subjects / occupational skills covered		
3.		
From (day, month, year)	To (day, month, year)	Ongoing
Title of qualification awarded		
Name of organisation providing education and training		
Main subjects / occupational skills covered		



personal SKILLS	
Mother tongue	
Other languages	
1.	
Language	
Listening (1 basic - 5 proficient)	Reading (1 basic - 5 proficient)
Speaking (1 basic - 5 proficient)	Writing (1 basic - 5 proficient)
2.	
Language	
Listening (1 basic - 5 proficient)	Reading(1 basic - 5 proficient)
Speaking (1 basic - 5 proficient)	Writing (1 basic - 5 proficient)
communication SKILLS	
Enter your skills	
organisational/managerial SKILLS	
Enter your skills	



computer SKILLS
Enter your skills
Litter your skins
- J.I LINEODMATION
additional INFORMATION
Enter any additional information relevant to your application