



## EMPLOYMENT QUESTIONNAIRE

All researchers appointed on a project of the Technology Foundation STW must fill in an employment questionnaire. For each appointment a separate form has to be returned.

This questionnaire consists of two parts. The first part needs to be completed with a résumé. The résumé should contain the items mentioned below. The employment questionnaire must be signed by the researcher that is to be appointed.

The second part must be completed and signed by the project leader. Also, the student counsellor or the administrator of the faculty has to sign the form for agreement.

### Part 1

Project .....

Title .....

To be completed and signed by the **researcher**:

Name ..... m/f

University .....

Faculty / Dept. ....

Section / Group .....

Direct-dialling no. .... Secretariat .....

Fax number ..... e-mail .....

Place .....

Date .....

Signature

A curriculum vitae / résumé is obligatory and should at least include the following items:

- ° Personal data, maiden name (if applicable), date and place of birth, marital status, private adress
- ° Education from secondary school. Please mention dates (from ... to ...) and if the education was completed successfully.  
In case of a PhD degree, mention the date of the promotion, the title of the dissertation and the university at which the promotion took place.  
You should also mention all your relevant publications.
- ° Professional experience up to now. Mention functions and dates (from ... to ...) and if the assignment was full time or part time. You should also mention if the contract was temporary or not.



### EMPLOYMENT QUESTIONNAIRE

**Part 2**

Project .....

Title .....

To be completed and signed by the **project leader, the Personnel Department and the student counsellor or administrator of the faculty:**

Person to be appointed .....

m/f

Employer .....

Category  AIO  TA  post-doc  different, .....

Period of assignment ..... months, entry date .....

Part time percentage ..... %

Gross salary ..... Euro

Salary scale Univ. .... with ..... years of employment

Contact person

Personnel Department .....

Telephone number .....

Signature

Agreement project leader

Name .....

Place and date .....

Signature

Agreement student counsellor / administrator of the faculty

Faculty / department .....

Name .....

Place and date .....

Signature

Agreement STW office

Name program officer .....

Date .....

Signature