

Education (any relevant education – courses should be listed in the next section)

Title:	Institute (university/college/company, etc.)	Certificate issue date month/year
		/
		/
		/

Courses (any relevant courses)

Title:	Course provider	Certificate issue date month/year
		/
		/
		/
		/

Driving licence(s) (Please mark all relevant boxes with an X)

B – Passenger car	<input type="checkbox"/>	Crane operator course A (Tower cranes)	<input type="checkbox"/>
BE - Passenger car with large trailer	<input type="checkbox"/>	Crane operator course B (Mobile cranes)	<input type="checkbox"/>
Bv – Commercial transport, max. 8 seats	<input type="checkbox"/>	Crane operator course C (Other cranes)	<input type="checkbox"/>
C – Lorry/truck	<input type="checkbox"/>	Crane operator course D (Lorry-mounted crane 8 - 25 TM)	<input type="checkbox"/>
CE - Lorry/truck with trailer	<input type="checkbox"/>	Crane operator course E (Lorry-mounted crane above 25 TM)	<input type="checkbox"/>
D – Bus	<input type="checkbox"/>	Crane operator course G (Construction plant used as a crane)	<input type="checkbox"/>
DE – Bus with trailer	<input type="checkbox"/>	Fork truck licence	<input type="checkbox"/>
Dv – Commercial transport, more than 8 seats	<input type="checkbox"/>		

IT skills (software programs and skill levels)

	Elementary	Medium	High		Elementary	Medium	High
(Program: e.g. MS Word)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language proficiency

	Elementary	Medium	Fluent		Elementary	Medium	Fluent
Faroese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorisation

I, the undersigned, hereby authorise the job centre/ALS to share information about me and my CV details, etc. with employers who contact the job centre for finding qualified staff in the next 3 months.

I, the undersigned, commit to informing ALS of any changes regarding the information provided in this form and changes in any other circumstances that may be of relevance to ALS, including if you no longer wish to be registered with the job centre.

_____ Date	_____ Signature
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(In compliance with the Law of the Løgting no. 113 of 13 June 1997 regarding unemployment benefits and job centre services, including subsequent amendments.)