




# QUESTIONARY

STRICTLY CONFIDENTIAL

	<h2 style="margin: 0;">PERSONAL INFORMATION</h2>	N. SELECTION OF ORIGIN
FULL NAME <span style="float: right; border: 1px solid black; padding: 2px 5px;"><b>M</b></span> <span style="float: right; border: 1px solid black; padding: 2px 5px;"><b>F</b></span>		
PLACE OF BIRTH	TOWN OF BIRTH	BIRTH DATE
PLACE OF RESIDENCE	TOWN OF RESIDENCE	NATIONALITY
CURRENT ADDRESS		C.A.P.
HOME TELEPHONE	e-mail	
MOBILE PHONE	OFFICE PHONE (CONFIDENTIAL)	
MARITAL STATUS		
MEDIUM EDUCATION	TITLE	DATE OF GRADUATIONS
	NAME OF SCHOOL	ADDRESS OF SCHOOL
UNIVERSITY STUDIES	FACULTY	DATE OF DEGREE
	UNIVERSITY	VOTE
	DEGREE ARGUMENT	
POST GRADUATE	SPECIALITIES	
	MASTER	
	COURSES OR SEMINARS	
	STAGE	
KNOWLEDGE OF LANGUAGE SINCE 1 TO 5 (1 – SCHOLASTIC ..... 5 – MOTHER TONGUE)		
ENGLISH	<input type="checkbox"/>	FRENCH
GERMAN	<input type="checkbox"/>	SPANISH
OTHER .....		
COMPUTER SKILLS		
STAY ABROAD		
HOBBIES		



DATE

SIGNATURE (FOR EXTENSION)

PLEASE GIVE WRITTEN CONSENT TO THE TREATMENT OF PERSONAL DATA AS MENTIONED ON THE NEXT PAGE

Consent to the processing of personal data.

The undersigned, have read the information on the treatment of personal data within the meaning of Legislative Decree of the article GDPR 2016/679, with the present undersigned hereby authorizes my free consent for MGCV Consulting to proceed on the treatment of personal data, as resulting from questionnaire and the curriculum eventually annexed.

In authentic

Date

Signature (for extension)

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Extends its consent **to the treatment of sensitive personal data, eventually indicated**, bound by any other condition imposed by law.

In authentic

Date

Signature (for extension)

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