

Personal information

This document must be submitted to the HR department. Incomplete forms will be returned.

Any changes to personal data should be communicated to the HR Department as soon as possible.

Faculty Institute
Person responsible

Personal informations

Name Maiden name
First Name Gender
**Street, n° ZIP Code City
Birth date Civil status As of
Private phone n° Swiss social security n° (AVS)

** [If the tax address is different from the mailing address, please let us know.](#)

[Do not submit de copy of the AVS certificate](#)

Nationality Swiss Community of origin Canton
 Foreign Country CH-Residence [Join copy of permit](#)
 Without income tax With income tax [Join form for income tax deduction](#)

Information about spouse or similar partnership

Name and First Name Birth date
Nationality Swiss social security n° (AVS)

Information about child/children

1 First Name Name Birth date Sexe
2 First Name Name Birth date Sexe
3 First Name Name Birth date Sexe

Number of Bank or Post

IBAN

Date Signature

Attachments :

- CV and copies of diploma(s) Copy of residence permit
 Original work contract signed Family allowance application
 Form for income tax deduction