

## Personal information

This document must be submitted to the personnel office. Incomplete forms will be returned.

All personal modification changes must be submitted to the personnel office.

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)

[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