## STAFF RECORD FORM

## THIS FORM IS TO BE COMPLETED AND RETURNED AS SOON AS POSSIBLE TO

	Faculty of Mathematics and Natural Sciences	
	University of Bergen	
	PO Box 7803	
	5020 BERGEN	
	NORWAY	
	Executive Officer Case no.:	
SURNAME:	FIRST NAME:	
IOME ADDRESS:		
OSTAL CODE: PLACE:		
IORWEGIAN IDENTITY NO. (11 DIGITS) or DATE OF BIRTH:	HOME PHONE: WORK PHONE:	
IATIONALITY:	REGISTRATION CERTIFICATE <sup>1)</sup> :	
	(nationals outside EEA need a residence permit)	
POSITION:	YES NO	
EPT./INST.:	DATE OF COMMENCEMENT:	
LEASE PAY MY SALARY TO BANK ACCOUNT NUMBER:	PLEASE PAY MY SALARY BY POSTAL GIRO PAY-OUT-SLIP:	
A copy of your registration certificate/residence permit m	nust be submitted to the faculty as soon as possible	
EDUCATION (Must be documented. Copies of certificates attached to y	our job application need not be re-sent.	

WORK EXPERIENCE (must be documented)

Indocumented work experience	e will not be credited towards seniority.			
naocumentea work expenence	will not be credited towards semonty.			
PLACE OF WORK	TITLE OF POSITION	PERCENTAGE OF FULL-TIME EQUIVALENT	TIME	
			FROM	то
omestic work experience - chi	Id care (must be documented - e.g. birth o	or baptismal certificate)		
	a care (macros decamemes eig. smir.	or supriorium commounts,		
	date	oigr	nature	