

1. Who are you?



first name:

surname:

Street/ Nr:

zip / city:

country:

phone:

e-mail:

2. What can you do?



driving license cl. : B BE

C1 C CE

Languages: german english

other:

additional:

3. How would you like to work?



full time part time [h/ week]

day shift [early | late] night shift

local transport long-distance transport

further notes:

4. Remarks



Please fill out this questionnaire and send it back to us.

We would also like to have an insight into your certificates and/or qualifications. So please send us these documents, if you have them to hand!



jobs@ECL24.de

Once we have received your data and checked it, we will get back to you promptly!

.....

For more information, see:

ECL24.de/jobs