

Confidential questions

First name and name, place of residence _____

The questions below are very confidential. Your data will be handled confidentially and not be given to third parties. Only your answer to the question regarding smoking will be forwarded to third parties.

Have you got a criminal record? yes no

If so: Why? _____

Do you smoke regularly? yes no

If so: Do you smoke indoors? yes no

Do you smoke at work during the day as well? yes no

Do you tend to any other addiction (e.g. alcoholism, medications, drugs)? yes no

If so: What? _____

Do you have any handicaps or illnesses that have an effect on your work? yes no

If so: What? _____

Do you have a mental illness that interferes with work? yes no

If so: What? _____

Do you have allergies which have to be considered when being placed into a private household (e.g. pets)? yes no

If so: What? _____

Do you have any contagious disease that could endanger other people during work? yes no

If so: What? _____

Do you belong to any extraordinary confession or to some religious sect? yes no

If so: What? _____

Remarks:

Place, date and signature _____