

Farmers Organization

Application Form

PERSONAL DATA	
Full Name:	
Address:	
Zip Code:	City:
Date of Birth:/	Country of Birth:
Nationality:	Gender: F ○ M ○ Other: ○
Phone Number:	Email:
Passport/ ID Card:	
Portuguese Residence Card:	
Certificate of European Citizen:	
NIF:	Finances Service:
NISS:	Nº SNS
European Drivers License: YES NO	O O Motos O Trucks O Cars O Trailers O
Nº	
Private Transport: YES NO	0
If you don't have transport, how can you manage to go	et to the work place?
EDUCATIONAL QUALIFICATIONS	
Elementary School (4 years)	Higher Education (College Degree)
Middle School (9 years)	Master Degree
High School (12 years)	Other relevant training:
Designation of the College Degree/Specific	Training:
ADDITIONAL KNOWLEDGE	
	S NO Informatic Skills YES NO
Other:	
PROFESSIONAL EXPERIENCE (Fill in the	e board below or attach CV)
Professional Area Job	Period Termination Motives
FIOIESSIONAL ALEA JOB	remou remination wouves
Applying for the following jobs:	
Fruit Picker	Field Team Leader
Warehouse worker	Truck or Trailer Driver (European Driving License)
 Agronomy Technician 	Food Safety Technician
Other:	
-	

Do you have allergie	es to bees?	YES C) NO	\circ			
Are you available to	work:						
Saturdays	□ Yes	□ No	Extra	Hours Work		Yes	□ No
Sundays	□ Yes	□ No	One r	otary day-off		Yes	□ No
Accommodation:							
Do you have your or	wn accomi	modation?		☐ Yes		No	
Are you available to stay in the farms accomodation				☐ Yes		No	
Are you available to sleep in bunk beds				☐ Yes		No	
Are you available to	sleep in d	ormitories		☐ Yes		No	
Preference of Locati	ion:			_	_		
Olhão	0	Manta Rota		O Loulé	0	Silves	
O Faro	_	Altura		O Tavira			
O Preference fo	r employe	r/farm:					
Civil Status:	on for Wor Married 1 Provider	(Single	e, Widow, Divorce	d (Underline the of chidren: you in Portug		n)
Civil Status:	Married	(Single	e, Widow, Divorce Number o (Living with	of chidren: you in Portug		n)
Civil Status:	Married	(Single	e, Widow, Divorce Number o (Living with	of chidren:		n)
0	Married 1 Provider	(2 Provi	Single	e, Widow, Divorce Number o (Living with	of chidren: you in Portug		n)
Beneficiary Name: Beneficiary Adress: (For receiving pension in case	Married 1 Provider	2 Provi	Single ders	e, Widow, Divorced Number of (Living with Affil	of chidren: you in Portug liation:	al)	
Beneficiary Name: Beneficiary Adress: (For receiving pension in case) I authorize the copy of below: (Mark with an 2)	Married 1 Provider e of death from	2 Provi	Single ders	e, Widow, Divorced Number of (Living with Affile ctachment, namely	of chidren: you in Portug liation:	al)	
Beneficiary Name: Beneficiary Adress: (For receiving pension in case) I authorize the copy of below: (Mark with an 2) Passport	Married 1 Provider e of death from f my identi X the attac	2 Provi	Single ders	Affil tachment, namely Residence Card	of chidren: you in Portug liation:	ontract pro	
Beneficiary Name: Beneficiary Adress: (For receiving pension in case) I authorize the copy of below: (Mark with an 2) Passport Finances Card (NIF)	Married 1 Provider e of death from f my identi X the attac	2 Provi	Single ders	Affil Residence Card Certificate of Eu	of chidren: you in Portug liation: for work c	ontract pro	
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Beneficiary Name: Beneficiary Adress: (For receiving pension in case) I authorize the copy of below: (Mark with an 2) Passport Pinances Card (NIF) Social Security Card Other SEF Docume	Married 1 Provider e of death from f my identi X the attac c) ed (NISS) ent: nformation	work accident) ification documents) hed documents)	Single ders	Affil Residence Card Certificate of European Drive	of chidren: you in Portug liation: r for work couropean Ci rs License pt all the le	ontract pro	ocedures, as sign
Beneficiary Name: Beneficiary Adress: (For receiving pension in case) I authorize the copy of below: (Mark with an 2) Passport Finances Card (NIF) Social Security Card Other SEF Docume I declare that all the infof proof otherwise.	Married 1 Provider e of death from f my identi X the attac c) ed (NISS) ent: nformation	work accident) ification documents) hed documents)	Single ders	Affil Residence Card Certificate of European Drive	of chidren: you in Portug liation: r for work couropean Ci rs License pt all the le	ontract pro	ocedures, as sign

Send the application form filled in to sp.recrutamento@madrefruta.pt or deliver at Madre Fruta (Parque Hubel, Pechão, 8700-179 Olhão, contact: 289710260), between 09h-13h and 14h-18h.

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