Personal questionnaire

1. Personal Details

I.D. number	Surname	First Name	Father's Name

A number that starts with 8

Date of Birth	Previous Surname	Previous First Name

2. Address and Telephone Number

Name of Town/City	Street, House No. and Neighborhood	Zip Code

Home Telephone No.	Cellphone No.
Email address 1	**Email address 2**

3. Bank Details – for salary transfer purposes

Name of Bank	Bank Symbol	Name of Branch	Branch Symbol	Account No.

4. Citizenship

Country of Birth	Citizenship	Additional citizenship

5. Marital Status and Status in Israel

Male/Female		Status in Israel (for Non-Citizens		From
1. Single	3. Divorced	1. Resident	3. Temporary resident	
2. Married	4. Widowed	2. Foreign resident	4. Returning resident	

6. Details of Spouse (Common-law Spouse: ☐ Yes ☐ No)

I.D.	Date of Birth	Name	Spouse's Former Name

Spouse's Employment	Date of Commencement	Place of Employment	Cellphone No.

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7. Names and details of children

I.D.	Date of Birth	First Name	Surname	Gender (circle as appropriate)
				Male/Female
				Male/Female
				Male/Female
				Male/Female
				Male/Female

8. The Health Fund of which I am a Member (circle as appropriate)

Name of Fund	
1.Clalit	3.Leumit
2.Maccabi	4.Meuchedet

9. Education

Education	Code	Years	Study profession	Institution of study	End date	Diploma
B.A	41					
Master's degree	42					
Ph.D	43					

10. Military Service

Start Date	End Date

11. Candidate's declaration

I declare that the details provided by me in the questionnaire are correct and full. I undertake to give written and timely notice to the Human Resources Division of any change in the above details.

Date _____ Signature _____

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