

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:	
HOME ADDRESS:			
POSTAL CODE:		PLACE:	
NORWEGIAN IDENTITY NO. (11 DIGITS) or DATE OF BIRTH:		HOME PHONE:	WORK PHONE:
NATIONALITY:		REGISTRATION CERTIFICATE ¹⁾ : (nationals outside EEA need a residence permit)	
POSITION:		YES <input type="checkbox"/> NO <input type="checkbox"/>	
DEPT./INST.:		DATE OF COMMENCEMENT:	
PLEASE PAY MY SALARY TO BANK ACCOUNT NUMBER:		PLEASE PAY MY SALARY BY POSTAL GIRO PAY-OUT-SLIP: <input type="checkbox"/>	

¹⁾ A copy of your registration certificate/residence permit must be submitted to the faculty as soon as possible

EDUCATION (Must be documented. Copies of certificates attached to your job application need not be re-sent.)

