



## Proof of professional work experience

### I. Applicant

Name	
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### II. Employer / Supervisor

Name	
Position	
E-Mail	
Phone	

### III. Company / Organization / Institution

Name	
Industry or sector	<input type="checkbox"/> Public sector <input type="checkbox"/> Private sector <input type="checkbox"/> NGO <input type="checkbox"/> Academia/Research <input type="checkbox"/> Other:
Field of business/activity	
Address	
Website	



**IV. Applicant's work experience**

Position / Job title	
Key tasks / key responsibilities	
Start and end dates	
Workload / Type of Employment	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid/Voluntary <input type="checkbox"/> Internship Average hours per week:

**V. Personal comments (voluntary)**

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Date, Signature (Stamp)