**FORMULAR CONFIRMARE PARTICIPARE**

ANGAJATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cod fiscal: Cod CAEN:

Domeniul de activitate:

Sediul :

Persoană de contact:

Tel:

E-mail:

Locuri de muncă vacante: total \_\_\_\_\_\_\_ din care:

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| --- | --- | --- | --- |
| Meseria sau specialitatea | Număr de locuri vacante | Nivel studii M – pentru studii mediiS – pentru studii superioare de scurtă sau lungă durată | Observaţii, condiţii de angajare (normă întreagă, contracte parţiale, experienţă etc.) |
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Alte observaţii:

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Data completării:

Manager/Reprezentant angajator