

TEL AVIV UNIVERSITY
HUMAN RESOURCES DIVISION
PERSONAL QUESTIONNAIRE FOR NEW EMPLOYEE

1. The information to be provided through this questionnaire is needed for your employment at the university. The information will be used in accordance with the Protection of Privacy Law 1981.
2. The University will use this information to implement your rights as an employee, and is permitted to pass the information on to any person or organization entitled by law to receive it.
3. Please make sure that you fill in all details in legible handwriting, and attach all required documents, as specified at the bottom of the third page of this questionnaire.

We thank you for your cooperation.

1. Personal details

200	ID/Passport No.	Last name	First name	Father's name	Date of birth

551	Print last name	Print first name

552	Former last name	Former first name

Email (private or at TAU)

Bank through which you wish to receive your salary

Name of bank	Bank No.	Branch name & address	Branch No.	Account No.

2. Country of birth & citizenship [554]

Date of immigration (Aliyah)	Country of birth	Country from which you immigrated	Citizenship	Additional citizenship

3. Address & phone [218]

City/town	Zip code	Street & house No.	Area code	Phone
		Cellular phone		

4. Marital status & status in Israel (circle relevant answers) [205]

Male	Female
1. Single 2. Married 3. Divorced 4. Widowed	1. Single 6. Married 7. Divorced 8. Widowed

Status in Israel	Since (date)
1. Resident 2. Foreign resident 3. Temporary resident 4. Returning resident 5. New immigrant	

5. Personal details of spouse

219	Id No.	Date of birth	Full name
220	Spouse's employment	Employed since (date)	Name of workplace
	Employed Unemployed		

6. Children [219]

ID No.	Check digit	Date of birth	First name	Gender

7. Military service - mandatory only (not as career soldier) [255]

Military ID	Draft date	End of mandatory service (date)	Reserve duty
			___No ___Yes

8. Education (Please enclose credentials) [568]

Began (year)	Ended (year)	Field of study	Received Diploma?	Name of diploma	Institution/ place of study

9. Courses & professional training (including during military service)

(Please enclose credentials) [565]

Institution	Duration	Course name	Ended (date)	Received diploma?
	Hours/years			

10. Languages [1. Partial command 2. Good command 3. Mother tongue level] [564]

Symbol	Language	Speech	Reading	Writing	Typing
101	Hebrew				
221	English				
260	French				
410	Arabic				
710	Russian				

11. Previous places of employment [including professional service in the IDF] [585]

(Please enclose documentation)

Start (date)	End (date)	Name of workplace	Position	Field of specialization

12. Relatives currently employed at TAU ___No ___Yes

If you answered Yes, please specify:

Full name	Relation	Unit / Faculty	Position	Status	
				Permanent	Temporary

13. Health Fund [207] & membership / trade union fees

Health Fund (please circle)				Trade Union (please circle)			
Symb		Symb		Symb		Symb	
1	Klalit	4	Meuhedet	2	Histadrut Klalit	7	No union membership (union fees will be deducted)
2	Leumit	5	Asaf	3	Histadrut Haovdim Haleumit	8	Histadrut Hapoel Hamizrachi
3	Maccabi	6	Not a member	4	Histadrut Agudat Israel	9	Histadrut Poalei Agudat Israel
				5	Ovdim Maccabi		

14. Transportation (Specify lines of public transportation in one direction) [527]

Line No.	From station	To station	Ticket price (one direction)

			Total

No. of workdays per week

Symbol	Sum for payment	Starting (date)
055		

15. Names of contact persons

Name	Phone	Address	Zip code

16. For senior academic staff only

Application to join the Tel Aviv University Fund for Academic Employees (1965) Ltd. in accordance with the Association Regulations Chapter 2 Clause 3

I the undersigned, an academic employee of Tel Aviv University, hereby * apply / do not apply for membership of the Tel Aviv University Fund for Academic Employees, and pledge to abide by the decisions of institutions endorsed by the Fund.

I agree to any change, addition or replacement of program agreed upon by the Fund.

I am aware that I am not entitled to any social benefits if I receive these benefits at another workplace.

* Cross out the irrelevant option

Signature_____

17. Additional places of employment relevant to determining social benefits at TAU

Do you work at any other place, apart from TAU? __Yes __No	Name of other employer	Address of other employer
Position	Do you receive social benefits at the other workplace? __No __Yes, I hold a __% position	Do you receive academic benefits, sabbaticals, airplane tickets or benefits from the Science Connections Fund at your other place of employment? __No __Yes, I hold a __% position

18. Do hold any additional positions at TAU? __No __Yes

If you answered Yes, please specify:

Unit_____ Position_____ Rank_____ Position %_____

Did you work at TAU in the past? ___No ___Yes

If you answered Yes, please specify:

Last position_____ From (date)_____ To (date)_____

19. Statement

I hereby affirm that the details I provided in this questionnaire are true and full, and that I will inform the University's Human Resources Division in writing, within a week, of any changes that may occur in these details.

Date_____

Signature_____

Please attach the following documents to this Questionnaire:

1. Questionnaire regarding joining the Pension Fund (Administrative only)
2. Certificates and/or records verifying your profession, education, training and former places of employment
3. Form for joining the Provident Fund (Keren Hishtalmut) – if you are entitled.
(Deduction will only be enabled if the form is attached)
4. Complete photo of ID card, including attachment with address and family members
5. Color passport photos