

|                    |
|--------------------|
| Authority fills in |
| Case number        |

## Registration as a job seeker

Act on Public Employment and Business Service (380/2023), chapter 4, sections 27-28

### 1. Personal data

|                           |                |                   |  |
|---------------------------|----------------|-------------------|--|
| Last name                 |                | First names       |  |
| Personal identity code    |                | Home municipality |  |
| Street address            |                |                   |  |
| Postal code               | City           |                   |  |
| Municipality of residence |                |                   |  |
| Phone number              | E-mail address |                   |  |
| Native language           |                | Service language  |  |

### 2. Nationality and residence permit

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Nationality</b><br><input type="checkbox"/> Finnish<br><input type="checkbox"/> Other EU or EEA state or Swiss, please specify _____<br><input type="checkbox"/> Family member of a citizen of another EU or EEA state or Switzerland<br><input type="checkbox"/> Citizen of another country, please specify _____                                                                                                                                                                                        |  |
| <b>Residence permit (to be filled in by non-EU/EEA/Swiss nationals and their family members)</b><br><input type="checkbox"/> Temporary residence permit (B) <input type="checkbox"/> Temporary residence permit (B - temporary protection)<br><input type="checkbox"/> Continuous residence permit (A) <input type="checkbox"/> Permanent residence permit (P)<br><input type="checkbox"/> Permanent residence permit for long-term residents (P-EU or P-EC)<br><input type="checkbox"/> No residence permit |  |
| Do you have the right to gainful employment on the basis of your residence permit (to be filled in by those who have received an A or B residence permit)?<br><input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                       |  |
| If you have a residence permit for an employed person, does your permit place any restrictions on the employer?<br><input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                  |  |

### 3. Situation

Why are you registering as a job seeker?

|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I am unemployed or facing unemployment. My first day of unemployment is _____ . ____ . ____<br><input type="checkbox"/> I have been laid off full-time or about to be laid off. My first day of being laid off is _____ . ____ . ____<br>The duration of the lay-off is<br><input type="checkbox"/> Indefinite<br><input type="checkbox"/> For a fixed period, record the lay-off period(s) starting in the following month<br>_____ |
| <input type="checkbox"/> I am on or about to start a shortened work week, or my working hours have been reduced due to a lay-off; my shortened work week begins on _____ . ____ . ____<br>How the reduction in working hours will be implemented: _____                                                                                                                                                                                                       |

☐ I work part-time  
Explain in more detail why you are registering as a job seeker \_\_\_\_\_

☐ Other reason  
Explain in more detail why you are registering as a job seeker \_\_\_\_\_

What was your situation before your job search?

|                                                             |                                                                                      |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Working                            | <input type="checkbox"/> In employment-promoting municipal activities                |
| <input type="checkbox"/> In a general education institution | <input type="checkbox"/> In a vocational institution                                 |
| <input type="checkbox"/> In higher education                | <input type="checkbox"/> In labour market training                                   |
| <input type="checkbox"/> Working as an entrepreneur         | <input type="checkbox"/> Completing my military or non-military service              |
| <input type="checkbox"/> Serving a prison sentence          | <input type="checkbox"/> On family leave (e.g. maternity, paternity, parental leave) |
| <input type="checkbox"/> Illness                            | <input type="checkbox"/> Caring for children                                         |
| <input type="checkbox"/> Retired                            | <input type="checkbox"/> Other situation                                             |

#### Unemployment benefit and applying for full-time employment

In order to receive unemployment benefits from an unemployment fund or Kela, you must apply for full-time employment during the entire duration of your unemployment or lay-off. This applies to all job seekers, including those who are unemployed, laid off, working part time, on a shortened work week, or on sick leave. However, if you are receiving a disability pension as a partial pension, you are entitled to unemployment benefits even if you are not applying for full-time employment.

The option that best describes your situation

☐ I'm looking for full-time employment. In order to receive my unemployment benefits, I am prepared to accept the work offered.

☐ I'm not looking for a full-time employment. For this reason, I am not entitled to unemployment benefits paid by an unemployment fund or Kela.

☐ I'm the recipient of a disability pension as a partial pension. In order to receive my unemployment benefits, I want to apply for and am prepared to accept part-time work.

Are you going to apply for an unemployment benefit?

☐ Yes, I am applying for an unemployment benefit. The payer of the unemployment benefit is \_\_\_\_\_

☐ No, I am not applying for an unemployment benefit

#### Change in your job search situation

This change can be related to e.g. starting a job or your studies, family leave, or military service.

☐ No, my job search situation will not change in the next month.

☐ Yes, my job search situation will change in the next month.

Reason for the change: \_\_\_\_\_

Start date of the change: \_\_\_\_\_

Will you continue your job search after the change? ☐ Yes ☐ No

#### 4. Work experience and education

Add your work experience and educational information for at least the last two years. The more detailed you are, the more suitable services can be offered to you.

##### Occupation

|                    |                                                     |
|--------------------|-----------------------------------------------------|
| Current occupation | <input type="checkbox"/> I don't have an occupation |
|--------------------|-----------------------------------------------------|

##### Employment relationships

Add all your employment and public service relationships. Your work history must be up to date for at least the last two years. You can specify any unpaid employment, such as internships, in the Other experience section.

| Employment relationship 1                                                                                                                                                                                                                                                             |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Employer                                                                                                                                                                                                                                                                              | Job title |
| Job type<br><input type="checkbox"/> Job in Finland, another EU/EEA country or Switzerland<br><input type="checkbox"/> Job in another country<br><input type="checkbox"/> Apprenticeship training<br><br>Degree to be completed: _____<br>Organizer of apprenticeship training: _____ |           |

|                                                                                                                                                                                                                                                                                   |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Working hours                                                                                                                                                                                                                                                                     |                                     |
| <input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work, _____ hours per week _____ hours per month                                                                                                                                                       |                                     |
| Situation / reason for termination                                                                                                                                                                                                                                                |                                     |
| Start date of employment (dd.mm.yyyy)                                                                                                                                                                                                                                             | End date of employment (dd.mm.yyyy) |
| Description of work experience (E.g. a list of work tasks or skills accumulated during the work.)                                                                                                                                                                                 |                                     |
| Employment relationship 2                                                                                                                                                                                                                                                         |                                     |
| Employer                                                                                                                                                                                                                                                                          | Job title                           |
| Job type<br><input type="checkbox"/> Job in Finland, another EU/EEA country or Switzerland<br><input type="checkbox"/> Job in another country<br><input type="checkbox"/> Apprenticeship training<br>Degree to be completed: _____<br>Organizer of apprenticeship training: _____ |                                     |
| Working hours                                                                                                                                                                                                                                                                     |                                     |
| <input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work, _____ hours per week _____ hours per month                                                                                                                                                       |                                     |
| Situation / reason for termination                                                                                                                                                                                                                                                |                                     |
| Start date of employment (dd.mm.yyyy)                                                                                                                                                                                                                                             | End date of employment (dd.mm.yyyy) |
| Description of work experience (E.g. a list of work tasks or skills accumulated during the work.)                                                                                                                                                                                 |                                     |
| Employment relationship 3                                                                                                                                                                                                                                                         |                                     |
| Employer                                                                                                                                                                                                                                                                          | Job title                           |
| Job type<br><input type="checkbox"/> Job in Finland, another EU/EEA country or Switzerland<br><input type="checkbox"/> Job in another country<br><input type="checkbox"/> Apprenticeship training<br>Degree to be completed: _____<br>Organizer of apprenticeship training: _____ |                                     |
| Working hours                                                                                                                                                                                                                                                                     |                                     |
| <input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work, _____ hours per week _____ hours per month                                                                                                                                                       |                                     |
| Situation / reason for termination                                                                                                                                                                                                                                                |                                     |
| Start date of employment (dd.mm.yyyy)                                                                                                                                                                                                                                             | End date of employment (dd.mm.yyyy) |
| Description of work experience (E.g. a list of work tasks or skills accumulated during the work.)                                                                                                                                                                                 |                                     |

| Employment relationship 4                                                                                                                                                                                                                                                             |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Employer                                                                                                                                                                                                                                                                              | Job title                                      |
| Job type<br><input type="checkbox"/> Job in Finland, another EU/EEA country or Switzerland<br><input type="checkbox"/> Job in another country<br><input type="checkbox"/> Apprenticeship training<br><br>Degree to be completed: _____<br>Organizer of apprenticeship training: _____ |                                                |
| Working hours<br><input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work, _____ hours per week _____ hours per month                                                                                                                                          |                                                |
| Situation / reason for termination                                                                                                                                                                                                                                                    |                                                |
| Start date of employment (dd.mm.yyyy)<br>.  .  .                                                                                                                                                                                                                                      | End date of employment (dd.mm.yyyy)<br>.  .  . |
| Description of work experience (E.g. a list of work tasks or skills accumulated during the work.)                                                                                                                                                                                     |                                                |
|                                                                                                                                                                                                                                                                                       |                                                |
|                                                                                                                                                                                                                                                                                       |                                                |
| Employment relationship 5                                                                                                                                                                                                                                                             |                                                |
| Employer                                                                                                                                                                                                                                                                              | Job title                                      |
| Job type<br><input type="checkbox"/> Job in Finland, another EU/EEA country or Switzerland<br><input type="checkbox"/> Job in another country<br><input type="checkbox"/> Apprenticeship training<br><br>Degree to be completed: _____<br>Organizer of apprenticeship training: _____ |                                                |
| Working hours<br><input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work, _____ hours per week _____ hours per month                                                                                                                                          |                                                |
| Situation / reason for termination                                                                                                                                                                                                                                                    |                                                |
| Start date of employment (dd.mm.yyyy)<br>.  .  .                                                                                                                                                                                                                                      | End date of employment (dd.mm.yyyy)<br>.  .  . |
| Description of work experience (E.g. a list of work tasks or skills accumulated during the work.)                                                                                                                                                                                     |                                                |
|                                                                                                                                                                                                                                                                                       |                                                |
|                                                                                                                                                                                                                                                                                       |                                                |
| <input type="checkbox"/> I declare that I have reported all my employment and public service relationships for at least the last two years as well as all my employment and public service relationships that have not yet ended.                                                     |                                                |

### Business activities

Add your activities as an entrepreneur and family entrepreneur as well as the activities you invoice through an invoicing service co-operative. Any work activities conducted in a non-employment or public service relationship (e.g. freelance work and commission agreements) are considered business activities. Your business activities must be up to date for at least the last two years.

| Business activity 1                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of business activity (Own business, Family business, Activities invoiced through an invoicing service co-operative, Other business activities (e.g. freelance work or commission agreements)) |
| Company name                                                                                                                                                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------|
| Business ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Company type | Job title                                         |
| Start date of business activity (dd.mm.yyyy)<br>. .                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | End date of business activity (dd.mm.yyyy)<br>. . |
| Situation<br><input type="checkbox"/> Working has ended <input type="checkbox"/> Working continues or is about to start <input type="checkbox"/> Sick leave                                                                                                                                                                                                                                                                                                                                           |              |                                                   |
| Description of your work in your business activity (E.g. a list of work tasks or skills accumulated during the work.)                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                   |
| <input type="checkbox"/> I currently take out or have previously taken out YEL insurance<br>Have you terminated your YEL insurance?<br><input type="checkbox"/> Yes, I have terminated it. End date of insurance coverage: _____<br><input type="checkbox"/> No, I have not terminated it                                                                                                                                                                                                             |              |                                                   |
| <input type="checkbox"/> The company is currently or has been previously entered in the Prepayment Register<br>Has the company been removed from the Prepayment Register?<br><input type="checkbox"/> Yes, it has been removed. Report the date on which the notification of termination was submitted: _____<br><input type="checkbox"/> Yes, it has been removed. Report the date on which the company was removed from the Register: _____<br><input type="checkbox"/> No, it has not been removed |              |                                                   |
| <input type="checkbox"/> The company is currently or has been previously entered in the VAT Register<br>Has the company been removed from the VAT Register?<br><input type="checkbox"/> Yes, it has been removed. Report the date on which the notification of termination was submitted: _____<br><input type="checkbox"/> Yes, it has been removed. Report the date on which the company was removed from the Register: _____<br><input type="checkbox"/> No, it has not been removed               |              |                                                   |
| <input type="checkbox"/> The company is currently or has been previously entered in the Employer Register<br>Has the company been removed from the Employer Register?<br><input type="checkbox"/> Yes, it has been removed. Report the date on which the notification of termination was submitted: _____<br><input type="checkbox"/> Yes, it has been removed. Report the date on which the company was removed from the Register: _____<br><input type="checkbox"/> No, it has not been removed     |              |                                                   |
| <b>Business activity 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                   |
| Type of business activity (Own business, Family business, Activities invoiced through an invoicing service co-operative, Other business activities (e.g. freelance work or commission agreements))                                                                                                                                                                                                                                                                                                    |              |                                                   |
| Company name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                   |
| Business ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Company type | Job title                                         |
| Start date of business activity (dd.mm.yyyy)<br>. .                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | End date of business activity (dd.mm.yyyy)<br>. . |
| Situation<br><input type="checkbox"/> Working has ended <input type="checkbox"/> Working continues or is about to start <input type="checkbox"/> Sick leave                                                                                                                                                                                                                                                                                                                                           |              |                                                   |
| Description of your work in your business activity (E.g. a list of work tasks or skills accumulated during the work.)                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                   |
| <input type="checkbox"/> I currently take out or have previously taken out YEL insurance<br>Have you terminated your YEL insurance?<br><input type="checkbox"/> Yes, I have terminated it. End date of insurance coverage: _____<br><input type="checkbox"/> No, I have not terminated it                                                                                                                                                                                                             |              |                                                   |

|                          |                                                                                                                                                                                                                                                                                                                                                                                     |     |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <input type="checkbox"/> | The company is currently or has been previously entered in the Prepayment Register                                                                                                                                                                                                                                                                                                  |     |
|                          | Has the company been removed from the Prepayment Register?                                                                                                                                                                                                                                                                                                                          |     |
|                          | <input type="checkbox"/> Yes, it has been removed. Report the date on which the notification of termination was submitted:                                                                                                                                                                                                                                                          | . . |
|                          | <input type="checkbox"/> Yes, it has been removed. Report the date on which the company was removed from the Register:                                                                                                                                                                                                                                                              | . . |
|                          | <input type="checkbox"/> No, it has not been removed                                                                                                                                                                                                                                                                                                                                |     |
| <input type="checkbox"/> | The company is currently or has been previously entered in the VAT Register                                                                                                                                                                                                                                                                                                         |     |
|                          | Has the company been removed from the VAT Register?                                                                                                                                                                                                                                                                                                                                 |     |
|                          | <input type="checkbox"/> Yes, it has been removed. Report the date on which the notification of termination was submitted:                                                                                                                                                                                                                                                          | . . |
|                          | <input type="checkbox"/> Yes, it has been removed. Report the date on which the company was removed from the Register:                                                                                                                                                                                                                                                              | . . |
|                          | <input type="checkbox"/> No, it has not been removed                                                                                                                                                                                                                                                                                                                                |     |
| <input type="checkbox"/> | The company is currently or has been previously entered in the Employer Register                                                                                                                                                                                                                                                                                                    |     |
|                          | Has the company been removed from the Employer Register?                                                                                                                                                                                                                                                                                                                            |     |
|                          | <input type="checkbox"/> Yes, it has been removed. Report the date on which the notification of termination was submitted:                                                                                                                                                                                                                                                          | . . |
|                          | <input type="checkbox"/> Yes, it has been removed. Report the date on which the company was removed from the Register:                                                                                                                                                                                                                                                              | . . |
|                          | <input type="checkbox"/> No, it has not been removed                                                                                                                                                                                                                                                                                                                                |     |
| <input type="checkbox"/> | I declare that I have reported all my business activities for at least the last two years. I have also reported all business activities where I have been or continue to be insured under the YEL or MYEL scheme. In addition, I declare that I have reported all business activities that have not been removed from the Prepayment Register, Employer Register, and VAT Register. |     |

### Training and education

Add all information concerning your training, education and qualifications and degrees, including any ongoing and interrupted educational pursuits, qualifications or degrees. Add at least your general education level (e.g. comprehensive school or general upper secondary school) and all other educational pursuits, qualifications and degrees for at least the last two years. Add at least your level of general education, including any ongoing or interrupted studies.

| Education 1                                                                                                                                                                                                                                                                                                                                                  |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Name of qualification or education                                                                                                                                                                                                                                                                                                                           |                                    |
| Educational institution or education provider                                                                                                                                                                                                                                                                                                                |                                    |
| Start date of education (dd.mm.yyyy)                                                                                                                                                                                                                                                                                                                         | End date of education (dd.mm.yyyy) |
| . .                                                                                                                                                                                                                                                                                                                                                          | . .                                |
| <input type="checkbox"/> These studies were interrupted. Date of interruption:                                                                                                                                                                                                                                                                               |                                    |
| . .                                                                                                                                                                                                                                                                                                                                                          |                                    |
| Description of the education (Describe e.g. the content of the education and what you learned.)                                                                                                                                                                                                                                                              |                                    |
| <b>Certificate</b><br><input type="checkbox"/> I have not received a certificate<br><input type="checkbox"/> I have received a degree certificate<br><input type="checkbox"/> I have received another certificate of completion for my studies<br><input type="checkbox"/> I have received a certificate of discontinuation from the educational institution |                                    |
| Education 2                                                                                                                                                                                                                                                                                                                                                  |                                    |
| Name of qualification or education                                                                                                                                                                                                                                                                                                                           |                                    |
| Educational institution or education provider                                                                                                                                                                                                                                                                                                                |                                    |
| Start date of education (dd.mm.yyyy)                                                                                                                                                                                                                                                                                                                         | End date of education (dd.mm.yyyy) |
| . .                                                                                                                                                                                                                                                                                                                                                          | . .                                |

|                                                                                                                                                                                                                                                                                                                                                       |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> These studies were interrupted. Date of interruption:<br>. .                                                                                                                                                                                                                                                                 |                                           |
| Description of the education (Describe e.g. the content of the education and what you learned.)                                                                                                                                                                                                                                                       |                                           |
| Certificate<br><input type="checkbox"/> I have not received a certificate<br><input type="checkbox"/> I have received a degree certificate<br><input type="checkbox"/> I have received another certificate of completion for my studies<br><input type="checkbox"/> I have received a certificate of discontinuation from the educational institution |                                           |
| Education 3                                                                                                                                                                                                                                                                                                                                           |                                           |
| Name of qualification or education                                                                                                                                                                                                                                                                                                                    |                                           |
| Educational institution or education provider                                                                                                                                                                                                                                                                                                         |                                           |
| Start date of education (dd.mm.yyyy)<br>. .                                                                                                                                                                                                                                                                                                           | End date of education (dd.mm.yyyy)<br>. . |
| <input type="checkbox"/> These studies were interrupted. Date of interruption:<br>. .                                                                                                                                                                                                                                                                 |                                           |
| Description of the education (Describe e.g. the content of the education and what you learned.)                                                                                                                                                                                                                                                       |                                           |
| Certificate<br><input type="checkbox"/> I have not received a certificate<br><input type="checkbox"/> I have received a degree certificate<br><input type="checkbox"/> I have received another certificate of completion for my studies<br><input type="checkbox"/> I have received a certificate of discontinuation from the educational institution |                                           |
| Education 4                                                                                                                                                                                                                                                                                                                                           |                                           |
| Name of qualification or education                                                                                                                                                                                                                                                                                                                    |                                           |
| Educational institution or education provider                                                                                                                                                                                                                                                                                                         |                                           |
| Start date of education (dd.mm.yyyy)<br>. .                                                                                                                                                                                                                                                                                                           | End date of education (dd.mm.yyyy)<br>. . |
| <input type="checkbox"/> These studies were interrupted. Date of interruption:<br>. .                                                                                                                                                                                                                                                                 |                                           |
| Description of the education (Describe e.g. the content of the education and what you learned.)                                                                                                                                                                                                                                                       |                                           |
| Certificate<br><input type="checkbox"/> I have not received a certificate<br><input type="checkbox"/> I have received a degree certificate<br><input type="checkbox"/> I have received another certificate of completion for my studies<br><input type="checkbox"/> I have received a certificate of discontinuation from the educational institution |                                           |
| Primary educational attainment (select one of your completed qualifications or educations)                                                                                                                                                                                                                                                            |                                           |
| <input type="checkbox"/> I declare that I have reported all my studies for at least the last two years as well as all my studies that have not yet ended.                                                                                                                                                                                             |                                           |

### Other experience

Describe the skills you have acquired during your work, study or free-time projects, volunteer work, shop stewardship activities, or unpaid positions, such as internships.

| Other experience 1                                                                                                                            |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Name of experience                                                                                                                            |                                     |
| Start date of experience (dd.mm.yyyy)                                                                                                         | End date of experience (dd.mm.yyyy) |
| Description of the experience and the skills accumulated during it (for example, describe the content of the experience and what you learned) |                                     |

  

| Other experience 2                                                                                                                            |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Name of experience                                                                                                                            |                                     |
| Start date of experience (dd.mm.yyyy)                                                                                                         | End date of experience (dd.mm.yyyy) |
| Description of the experience and the skills accumulated during it (for example, describe the content of the experience and what you learned) |                                     |

### 5. Competence and job preferences

|                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Describe the competence that you wish to find employment in                                                                                            |
| What type of job are you looking for? For example, describe your dream profession or what kind of tasks you would like to perform and in which sector. |
| Where are applying for a employment? Enter a region, municipality or country.                                                                          |
| <input type="checkbox"/> I am willing to travel for my work<br><input type="checkbox"/> I am willing to work remotely                                  |

### Language skills

| Describe your language proficiency and competence level. |                          |                          |                          |                          |                          |
|----------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Language                                                 | Native language          | Very good                | Good                     | Satisfactory             | Basics                   |
|                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Driving licence

|                                                                                    |  |
|------------------------------------------------------------------------------------|--|
| Valid driving licences                                                             |  |
| <input type="checkbox"/> Passenger car (B)                                         |  |
| <input type="checkbox"/> Motorcycle (A1, A2 or A)                                  |  |
| <input type="checkbox"/> Lorry (C1 or C)                                           |  |
| <input type="checkbox"/> Lorry and trailer (C1E or CE)                             |  |
| <input type="checkbox"/> Passenger car and trailer (B96 or BE)                     |  |
| <input type="checkbox"/> Bus (D1 or D)                                             |  |
| <input type="checkbox"/> Bus and trailer (D1E or DE)                               |  |
| Additional information (e.g. rare driving licences or willingness to drive): _____ |  |
| <input type="checkbox"/> I have a car available                                    |  |

## Professional cards and licences

What permits and qualifications do you have?

☐ Hygiene Passport

☐ Hot Work Safety Card

☐ Occupational Safety Card

☐ Alcohol Passport

☐ First Aid 1

☐ Forklift Safety Card

Other card or licence

Additional information (e.g. validity information)

## 6. Service needs assessment

### Capacity for finding employment

Assess how the following factors affect your employment.

My competence is at a good level, so I believe I will be employed in the next three months

☐ Yes

☐ No

My competence is not sufficient for the positions I am aiming for because

☐ I have been away from working life for a long period of time

☐ My competence is not fully up to date

☐ I do not have the necessary licences or certificates, or they are outdated

My work experience is sufficient for the positions that I am applying for

☐ Yes

☐ No

I do not think my work experience is sufficient because

☐ I have recently graduated

☐ I have very little to no work experience

☐ My work experience is in another sector than the one I am applying for

There are suitable jobs available to me

☐ Yes

☐ No

My education/training is sufficient and up to date

☐ Yes

☐ No

There are issues in my life that make it difficult for me to find employment

☐ Yes

If necessary, please describe your life situation in further detail:

☐ No

### Job-seeking skills

Assess how your job-seeking skills affect your employment.

How would you rate your job-seeking skills? Select the most appropriate rating:

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

0

1

2

3

4

5

6

7

8

9

10

0 = I don't know how to seek jobs. I need a lot of personal advice and guidance when seeking employment.

1-3 = I need to learn a lot more about job-seeking. I need advice and guidance.

4-5 = My job-seeking skills are not up to date. I need more information and advice on how to seek jobs.

6-7 = I know how to seek jobs, but I'm not sure whether I know the most suitable job-seeking methods for me.

8-10 = I can use different job-seeking methods in a versatile and productive manner. I don't think I need any help.

## Work ability

Assess how your work ability affects your employment.

Suppose that, at its best, your level of work ability was a 10. How would you rate your current work ability? Select the most appropriate rating.

If you are not currently working, assess your latest job or professional requirements. If you do not have a profession, assess your situation in relation to the work you would like to do.

I am not at all able to work

My work ability is at its best

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |

If you chose a rating between 0 and 7, please refine your rating so that we can serve you better.

## Goals for employment

Please tell us about any other goals you may have that will help promote your employment.

My goal is to

Select one or several

- ☐ Primarily employment
- ☐ Studying or applying for studies – select one of the following:
- ☐ I have applied to study
  - ☐ I have not applied to study
  - ☐ I am currently studying part-time
- ☐ Changing professions – select one or several from the following:
- ☐ Health-related reasons
  - ☐ There are no jobs available in my current sector
  - ☐ Other reason
- If necessary, please describe your reason in further detail:
- 
- ☐ Entrepreneurship – select one or several from the following:
- ☐ I have a business idea
  - ☐ I need more skills for entrepreneurship
  - ☐ I currently work as an entrepreneur

## 7. Consent to presentation / Consent to the disclosure of data

In addition to the publication of your job search profile on Job Market Finland, our employment service specialists may also present jobseekers to employers and provide them with the data necessary for filling the job. This necessary data includes the person's name and contact details, as well as data on their training, education, competence and work experience.

Do you consent to the disclosure of your data to employers?

- ☐ Yes, your employment service specialists may disclose my data to employers.
- ☐ No, your employment service specialists may not disclose my data to employers.

## 8. Signature

|                |                        |
|----------------|------------------------|
| Place and date | Signature              |
|                |                        |
|                | Name in block capitals |