



## AUR HUMAN RESOURCES DEPARTMENT Questionnaire

Name: First, Middle, Last \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of Birth (City-State Country) \_\_\_\_\_

Citizenship(s) \_\_\_\_\_

Official Place of Residence (Town and Country) \_\_\_\_\_

Full address of residence (Street, number, postal code, city) \_\_\_\_\_

Current address (if different from above)

E-mail address \_\_\_\_\_ Tel. \_\_\_\_\_ (cell)

Tel. \_\_\_\_\_ (home) Fax \_\_\_\_\_ (home)

Additional contact numbers Tel. \_\_\_\_\_ (please describe)

Italian Fiscal Code \_\_\_\_\_

Partita IVA (if applicable) \_\_\_\_\_ US Social Security No. (if applicable) \_\_\_\_\_

Please arrange payments to me by bank transfer **yes**  **no**  (if yes, please give your bank details below)

Bank name \_\_\_\_\_ Agency \_\_\_\_\_ City \_\_\_\_\_

ABI code \_\_\_\_\_ CAB code \_\_\_\_\_ CIN \_\_\_\_\_ C/C \_\_\_\_\_

Being a US citizen I opt to pay Social Security contributions to the US in lieu of paying INPS contributions to Italy.

**yes**  **no**  **n/a**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*social security number*

\_\_\_\_\_  
*Address in the United States of America*

Are you currently involved in projects with other institutions or in self-employed business activities **yes**  **no**  (If yes, please give details)

*I authorize treatment of my personal data according to D.Lgs. 196/2003 and following modifications. Autorizzo il trattamento dei dati personali ai sensi del D.Lgs. 196/2003 e successive modificazioni.*

Date \_\_\_\_\_

Signature \_\_\_\_\_