NOTICE 02/2023 – ANNEX 2

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| APPLICATION FORM | | |
| This form must be sent, together with the corresponding documentation, to the email address: administ.telaviv@itamaraty.gov.br | | |
| **Full Name**  Click here to enter text. | | |
| **Address**  Click here to enter text. | | |
| **Citizenship**  Click here to enter text. | **Telephone**  Click here to enter text. | **Email**  Click here to enter text. |
| **Date of birth**  Click here to enter text. | **City**  Click here to enter text. | **State/Province**  Click here to enter text. |
| **Degree of Education**  ( ) High School or equivalent  ( ) Higher Education or equivalent  Conclusion year:  Institution: | | |

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| --- | --- |
| **Professional experience** | |
| **Period (month/year)** | **Role Performed** |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| If necessary, include other information about your work experience: (add supplementary sheet)  Did you work in another office of the Brazilian Ministry of Foreign Affairs abroad?  ( ) Yes ( ) No  If yes, inform the officet, period and reason for dismissal.  Click here to enter text.  Is there a relationship of marriage or kinship, related or consanguineous, up to the second degree with a public servant stationed at the Brazilian Embassy in Tel Aviv or with a local employee hired at the Brazilian Embassy in Tel Aviv?  ( ) Yes ( ) No | |
| **Notes: Documentation supporting the information provided above will be required during the admission process.**  **I declare to be aware that the job for which I am applying is not to be confused with employment or public service governed by Brazilian Law.**  **I further declare that I am not a public servant, active or inactive, in Brazil, and that the above statements are true, under penalty of law.**  Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/ \_\_\_\_\_.              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_             day       month       year                                    signature | |