



Dolnośląski
Wojewódzki
Urząd Pracy



EUJOB4EU PLATFORM

“Employer function” update: Adviser proxy form

Procedure to obtain the employer’s mandate

In order to grant the adviser the “Employer function” privileges, the Employer representative is required to sign a mandate, according to the instructions indicated below.

This form will replace the Company’s signature file (if already uploaded in the storage).

Please copy the following mandate on the Company’s headed paper or on blank paper with a stamp/logo. Once having signed it, please upload it in the storage folder (signature subdirectory) of the Employer dashboard.

I, the undersigned,

Representing the Company /Organisation

hereby appoint

the Your first EURES job/Reactivate adviser Mrs/Mr..... as authorized delegate to manage all the application procedures related to the use of Your first EURES job/Reactivate online platform on my behalf.

Place and Date

Signature



With the support from
the European Union Programme
EaSI 2014-2020



Dolnośląski
Wojewódzki
Urząd Pracy



Job vacancy:

Number of available position:

General information:

Location:

Form of employment:

Type of contract:

Net monthly wage (Euro):

Job description:

Requirements:

- ✓ General requirements:
- ✓ Language knowledge:
- ✓ Other specific requirements:

ISCO Profile requested:

Procedure to participate in the selection:

Deadline (insert the date)

or

On going

To participate in the selection it is necessary to be **registered on EUJOB4EU Platform:**

www.yourfirsteuresjob.eu/eujob4eu

The CV inserted must be written in English and COMPLETED in all the fields.

Once you are registered and you have COMPLETELY filled in your CV, please send an **email to XXXXXXXX (insert the e-mail of your supporting EURES Adviser)**

Only candidates registered, with a complete CV and responding to the requirements will be contacted for the selection.



With the support from
the European Union Programme
EaSI 2014-2020



YOUR FIRST EURES JOB 6.0

Agreement n. VS/2018/0473

ADDITIONAL INFORMATION ON WORK EXPERIENCE

With this document we declare that **PARTICIPANT'S NAME AND SURNAME** spent his/her **YFEJ** experience with **NAME OF THE ORGANISATION** based in **CITY, COUNTRY** from **DD/MM/YYYY** to **DD/MM/YYYY (N. OF MONTHS IN TOTAL)**

The role and tasks of **PARTICIPANT'S NAME AND SURNAME** were:

ROLE performed in the organisation

Please provide a short description of it

Please list below and shortly describe the main activities carried out by the participant

- **TASK 1:** short description
- **TASK 2:** short description
- **TASK 3:** short description
- **TASK N.:** short description

PARTICIPANT'S NAME AND SURNAME took part in the following training activities (if any) foreseen by the **integration programme**:

Please list below and briefly describe the main training activities (if any) attended by the participant

- **TRAINING ACTIVITY 1:** short description, organisation, topic, contents, duration
- **TRAINING ACTIVITY 2:** short description, organisation, topic, contents, duration
- **TRAINING ACTIVITY 3:** short description, organisation, topic, contents, duration
- **TRAINING ACTIVITY N.:** short description, organisation, topic, contents, duration

City, Country, DD/MM/YYYY

LOGO
of the
organisation

Signature of the responsible
of the project

NAME and SURNAME

SIGNATURE



With the support from
the European Union Programme
EaSI 2014-2020



YOUR FIRST EURES JOB 6.0

Agreement n. VS/2018/0473

ADDITIONAL INFORMATION TRAINEESHIP EXPERIENCE

With this document we declare that **PARTICIPANT'S NAME AND SURNAME** spent his/her **YfEj** experience with the **NAME OF THE ORGANISATION** based in **CITY, COUNTRY** from **DD/MM/YYYY** to **DD/MM/YYYY** (**N. OF MONTHS IN TOTAL**)

The role and tasks of **PARTICIPANT'S NAME AND SURNAME** were:

ROLE performed in the organisation

Please provide a short description of it

Please list below and shortly describe the main activities carried out by the participant

- **TASK 1:** short description
- **TASK 2:** short description
- **TASK 3:** short description
- **TASK N.:** short description

PARTICIPANT'S NAME AND SURNAME took part in the following training activities foreseen by the **traineeship** pathway:

Please list below and briefly describe the main training activities attended by the participant

- **TRAINING ACTIVITY 1:** short description, organisation, topic, contents, duration
- **TRAINING ACTIVITY 2:** short description, organisation, topic, contents, duration
- **TRAINING ACTIVITY 3:** short description, organisation, topic, contents, duration
- **TRAINING ACTIVITY N.:** short description, organisation, topic, contents, duration

City, Country, DD/MM/YYYY

LOGO
of the
organisation

Signature of the responsible
of the project

NAME and SURNAME

SIGNATURE



With the support from
the European Union Programme
EaSI 2014-2020



YOUR FIRST EURES JOB 6.0

Agreement n. VS/2018/0473

ADDITIONAL INFORMATION APPRENTICESHIP EXPERIENCE

With this document we declare that **PARTICIPANT'S NAME AND SURNAME** spent his/her **YfEj** experience with the **NAME OF THE ORGANISATION** based in **CITY, COUNTRY** from **DD/MM/YYYY** to **DD/MM/YYYY** (**N. OF MONTHS IN TOTAL**)

The role and tasks of **PARTICIPANT'S NAME AND SURNAME** were:

ROLE performed in the organisation

Please provide a short description of it

Please list below and shortly describe the main activities carried out by the participant

- **TASK 1:** short description
- **TASK 2:** short description
- **TASK 3:** short description
- **TASK N.:** short description

PARTICIPANT'S NAME AND SURNAME took part in the following training activities foreseen by the apprenticeship pathway:

Please list below and briefly describe the main training activities attended by the participant

- **TRAINING ACTIVITY 1:** short description, organisation, topic, contents, duration
- **TRAINING ACTIVITY 2:** short description, organisation, topic, contents, duration
- **TRAINING ACTIVITY 3:** short description, organisation, topic, contents, duration
- **TRAINING ACTIVITY N.:** short description, organisation, topic, contents, duration

City, Country, DD/MM/YYYY

LOGO
of the
organisation

Signature of the responsible
of the project

NAME and SURNAME

SIGNATURE



With the support from
the European Union Programme
EaSI 2014-2020