













employer



employee



public services



self training tool



self training video



bilateral entity
(between trade unions and employer associations)



school / university / vocational training center

















# REGISTRATION

#### ASK FOR LOGIN AND PASSWORD

| name:<br>surname:    |                                                                                                  |         |
|----------------------|--------------------------------------------------------------------------------------------------|---------|
| address:<br>e-mail:  |                                                                                                  |         |
| name company/entity: |                                                                                                  |         |
| registration as:     | employer employee public servicies bilateral entity school/university/vocational training center | , ( = ) |
| message:             |                                                                                                  |         |









| sername:  |  |
|-----------|--|
| password: |  |





## PERSONAL DATA OF PASSPORT HOLDER



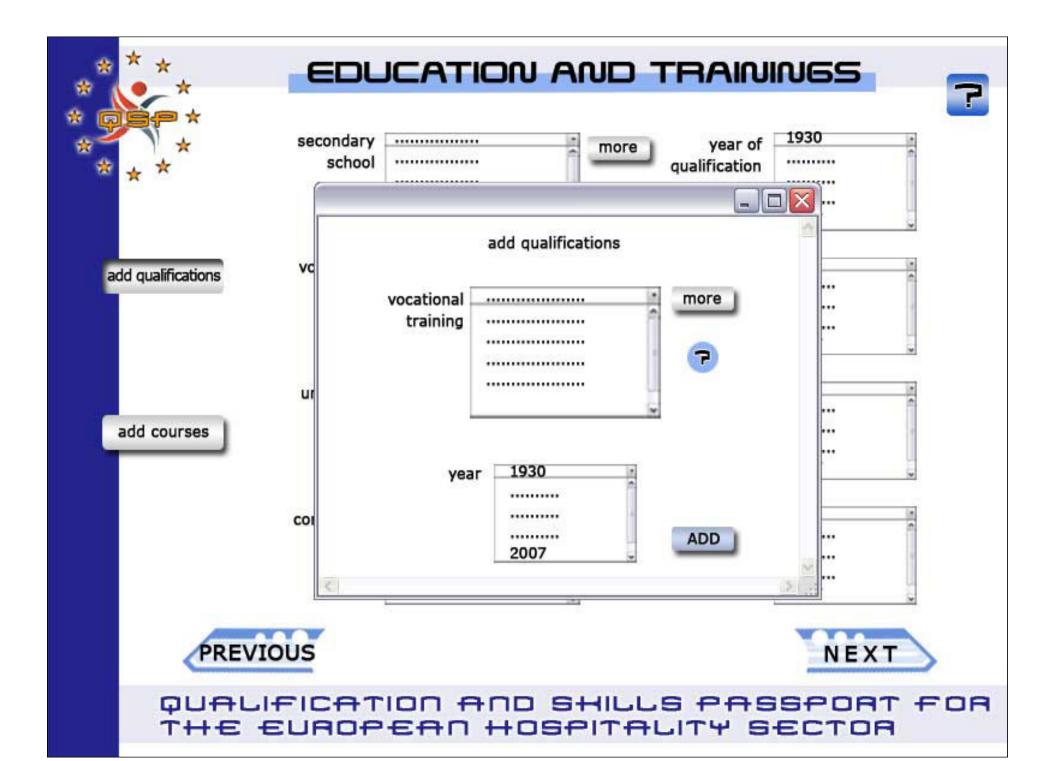
| surname:                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                    |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------|
| ★ Z <sup>ND</sup> surname:                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *        |                    |
| maiden name:                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                    |
| first name:                                               | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                    |
| sex:                                                      | M F date of birth: DD/MM/YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                    |
| address:                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                    |
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| post code:                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                    |
| country:                                                  | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |                    |
| nationality:                                              | ·····                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |                    |
| mothertongue:                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | if you leave blank |
| 2 <sup>ND</sup> mothertongue:                             | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>K</b> | "e-mail" and "2№   |
| e-mail:                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *        | e-mail" you must   |
| 2 <sup>ND</sup> e-mail:                                   | A second | *        | insert the e-mail  |
| e-mail of the intermediate:                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | of one             |
| phone:                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | intermediate       |
| cell, phone:                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *        | structure          |
| social security number:<br>(or other public registration) | * not compulsory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          | Structure          |
|                                                           | not compaisory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4        | EXT                |

| secondary school                      | italian grammar school | more year of qualification | 1930<br><br>2007 |
|---------------------------------------|------------------------|----------------------------|------------------|
| dd qualifications vocational training | cook qualification     | more year of qualification | 1930<br><br>2007 |
| university<br>add courses             |                        | more year                  | 1930<br><br>2007 |
| continuous<br>training                |                        | more                       | 1930<br><br>2007 |

| secondary school                      | italian grammar school year of qualification                                                                                                                                                      | 1930                                       |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| vocational                            | COC                                                                                                                                                                                               | 1930                                       |
| dd qualifications training university | types of secondary schools:  + italian grammar school (liceo classico)  5 years and an final examination  + title of secondary school  description of secondary school  title of secondary school | 2007                                       |
| continuous<br>training                |                                                                                                                                                                                                   | 1930 · · · · · · · · · · · · · · · · · · · |

#### EDUCATION AND TRAININGS 1930 italian grammar school secondary year of more school ...... qualification \*\*\*\*\*\*\*\* ......... ...... 2007 types of vocational trainings: 1930 add qualifications year of more + cook qualification \*\*\*\*\*\*\*\* qualification 600 hours + 200 hours stage ...... \*\*\*\*\*\*\*\* + title of vocational training 2007 description of secondary school 1930 more title of vocational training year ........ add courses ....... \*\*\*\*\*\*\*\*\* 2007 1930 continuous more year ....... training ...... \*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\* 2007 \*\*\*\*\*\*\*\*\*\*\*\*\*\* **PREVIOUS** NEXT QUALIFICATION AND SHILLS PASSPORT FOR

THE EUROPEAN HOSPITALITY SECTOR



# \* \* \* \*

## CURRENT JOB POSITION



#### ACTUAL OR LAST EMPLOYER

| X                        |                             |            |                  |               |
|--------------------------|-----------------------------|------------|------------------|---------------|
| commercial name:         |                             |            | actual position: |               |
| web site:                |                             | _          | 8071141040200640 | cook          |
| address of workplace:    |                             | _          |                  |               |
| town:                    |                             | 33         |                  |               |
| post code:               |                             |            |                  |               |
| country:                 |                             | -          |                  |               |
| e-mail:                  |                             | *          | Cita y           |               |
| 2 <sup>ND</sup> e-mail:  |                             | *          | position:        | <u>^</u>      |
| phone:                   |                             |            |                  | cook          |
| fax:                     |                             | *          | •                |               |
| cell. phone:             |                             | $\dashv_*$ |                  |               |
| contact for referencies: |                             | =          |                  | v             |
| · —                      | Idaaaa Idaaaa               | 350        |                  |               |
| start data: DD           |                             |            |                  | informations  |
| end data: DD             | / <u>[MM]/[YYYY]</u> *      |            | 105 905          | informations  |
|                          |                             |            | Cii              | ck to open >> |
|                          | I authorize to show my data |            | EURES            |               |
|                          | YES NO                      |            |                  |               |
|                          | •                           |            |                  |               |
| SPENGOUS                 | * not compulsory            |            |                  | 9.04          |
| PREVIOUS                 |                             |            |                  | NEXT          |
|                          |                             |            |                  |               |

#### CURRENT JOB POSITION ACTUAL OR LAST EMPLOYER company and commercial name: actual position: web site: cook address of workplace: town: post code: company informations country: size of employer e-mail: entry < 5 establishment position: 2ND e-mail: < 10 < 50 phone: cook < 250 fax: more cell. phone: type of contact for referencies: restaurant company hotel start data: [ pub company informations end data: [ ..... click to open OK ...... YES NO \* not compulsory **PREVIOUS** NEXT

# \* \* \* \*

# CURRENT JOB POSITION



#### PREVIOUS POSITION

POSITION Nº ....

| Transaction of the Control of the Co |            |   |   |           |              |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|---|-----------|--------------|---|
| commercial name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | 9 | ĺ | actual    |              | ٠ |
| web site:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |   | i | position: | cook         | - |
| address of workplace:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |   | i |           | COOK         |   |
| town:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |   | İ |           |              |   |
| post code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |   | ĺ |           |              |   |
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| e-mail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |   | * | entry     |              |   |
| 2 <sup>ND</sup> e-mail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | 3 | * | position: |              | ^ |
| phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |   | ] |           | cook         |   |
| fax:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | 3 | * |           | •••••        |   |
| cell. phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |   | * |           |              |   |
| contact for referencies:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | 7 | ] | 1         |              | ٧ |
| start data:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DD/MM/YYYY |   |   |           |              |   |
| end data:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DD/MM/YYYY |   |   | company   | informations |   |

add previous employer

\* not compulsory





click to open >>

#### CURRENT JOB POSITION PREVIOUS POSITION POSITION No .... company and commercial name: tion: web site: Your previous position has been added, cook address of workplace: do you want to add another one? town: post code: country: e-mail: entry yes no tion: 2ND e-mail: .......... phone: cook fax: cell. phone: contact for referencies: start data: DD / 1 end data: DD/MM/YYYY company informations click to open >> add previous employer \* not compulsory **PREVIOUS** NEXT QUALIFICATION AND SHILLS PASSPORT FOR THE EUROPEAN HOSPITALITY SECTOR

# \* \* \* \* \*

# AREA OF SKILLS



#### SELECT AREA OF SKILLS:

| kitchen      |   |
|--------------|---|
| serving food | 1 |
|              | L |
|              |   |

Authorization of the worker: (yes or no)

worker login for the authorization

Approved by employer: (yes or no)

employer login for the authorization

# PREVIOUS

#### KITCHEN

| TASKS / COMPETENCES                                          | 1/200    |
|--------------------------------------------------------------|----------|
| PREPARE THE AREA TO BE USED                                  |          |
| CLEAN EQUIPMENT, RINGS ETC                                   |          |
| CLEANING AND HYGIENE OF KITCHEN                              |          |
| PLANNING AND INSPECTION OF WORK IN THE KITCHEN               |          |
| REVIEW AND CONTROL THE USE OF KITCHEN MATERIAL, AND          | 70000    |
| COMMUNICATE MISTAKES                                         |          |
| PREPARATION COOKING AND PRESENTATION OF DISHES - VEGETABLES  |          |
| PREPARATION COOKING AND PRESENTATION OF DISHES - DAIRY       | 1507     |
| PRODUCTS                                                     |          |
| PREPARATION COOKING AND PRESENTATION OF DISHES - STOCKS      |          |
| PREPARATION COOKING AND PRESENTATION OF DISHES - SAUCES      |          |
| PREPARATION COOKING AND PRESENTATION OF DISHES - EGGS        |          |
| PREPARATION COOKING AND PRESENTATION OF DISHES - FISH AND    |          |
| SEAFOOD                                                      |          |
| PREPARATION COOKING AND PRESENTATION OF DISHES - MEAT        |          |
| PREPARATION COOKING AND PRESENTATION OF DISHES - FRUITS      |          |
| PREPARATION COOKING AND PRESENTATION OF DISHES - SALADS AND  | The same |
| DRESSINGS                                                    |          |
| PREPARATION COOKING AND PRESENTATION OF DISHES - SANDWICHES  |          |
| AND CANAPES                                                  |          |
| PREPARATION COOKING AND PRESENTATION OF DISHES - DESSERTS    |          |
| PREPARATION COOKING AND PRESENTATION OF DISHES - PASTRY AND  | - 000 N  |
| DOUGH                                                        |          |
| PREPARATION AND SERVICE OF BUFFETS                           |          |
| ATTEND TO MEAL ORDERS THE KITCHEN                            |          |
| PARTICIPATE IN THE PLANNING AND WRITING OF MENUS             |          |
| USE THE TELEPHONE                                            |          |
| CLOSE THE KITCHEN                                            |          |
| RECEIVE GOODS, AND CHECK THE DATES OF GOODS, THE QUALITY AND | -        |
| QUANTITY, AND THE PRICES SHOWN ON THE BILLS                  |          |
| ARRANGE GOODS IN THE STOREROOMS                              |          |
| LIASON WITH MANAGEMENT REGARDING THE COSTS OF INVENTORIES    |          |
| AND PURCHASES                                                |          |
| COLLABORATE ON INVENTORYS                                    |          |
| COORDINATE AND SUPERVISE THE ACTIVITY OF THE KITCHEN AREA    |          |
| DUTIES DURING EMERGENCIES                                    |          |
| ADMINISTER FIRST AID                                         |          |
| TAKE FIRE PREVENTION AND SECURITY MEASURES                   |          |
| ATTEND TO GUEST'S COMPLAINTS                                 |          |
| COOPERATE WITH THE DESIGN OF THE DUTY ROSTA                  |          |

NEXT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | KITCHEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |
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| <b>₽</b> ★                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TASKS / COMPETENCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 12          |
| \\ \ <u>\</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
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| *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A .         |
| SELECT AREA OF SKILLS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AUTHORIZATION OF THE WORKER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |
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| kitchen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LIGOTES TO SECURITION OF SECUR |             |
| No. 100 No. 10 | username:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |
| serving food                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
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| NE AL AR ARM PROPERTY (C)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Do you authorize to show your data?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
| Authorization of the worker:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Do you authorize to show your data?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |
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| 4-04-08-07-08-0-14-4-0-0-0-1-0-1-0-0-1-0-0-0-0-0-0-0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SEND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |
| Approved by employer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ¥           |
| (yes or no)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |
| employer login for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | COORDINATE AND SUPERVISE THE ACTIVITY OF THE KITCHEN AREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TE          |
| the authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DUTIES DURING EMERGENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATTEND TO GUEST'S COMPLAINTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |

| *                                           | AREA OF SKILLS                                                                                                                                                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3</b> - <b>P</b> ★                       | KITCHEN TASKS / COMPETENCES                                                                                                                                                       |
| * *                                         |                                                                                                                                                                                   |
| SELECT AREA OF SKILLS:                      | APPROVATION OF THE EMPLOYER                                                                                                                                                       |
| kitchen                                     | username:                                                                                                                                                                         |
| serving food                                | password:                                                                                                                                                                         |
| Authorization of the worker:<br>(yes or no) | Do you authorize to show these data as approved by you?                                                                                                                           |
| worker login for the authorization          | YES NO                                                                                                                                                                            |
| Approved by employer:                       | SEND                                                                                                                                                                              |
| employer login for<br>the authorization     | COLCABORATE ON INVENTORES  COORDINATE AND SUPERVISE THE ACTIVITY OF THE KITCHEN AREA  DUTIES DURING EMERGENCIES  ADMINISTER FIRST AID  TAKE FIRE PREVENTION AND SECURITY MEASURES |
| PREVIOUS                                    | ATTEND TO GUEST'S COMPLAINTS COOPERATE WITH THE DESIGN OF THE DUTY ROSTA  NEX                                                                                                     |



# SPECIALISED SKILLS



#### KITCHEN

| PIZZA MAKER<br>KEBAB MAKER |            |
|----------------------------|------------|
| HAMBURGER ASSEMBLER        | 500<br>500 |
|                            |            |
|                            |            |
|                            | 120        |
|                            |            |
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| OTHER:                     |            |

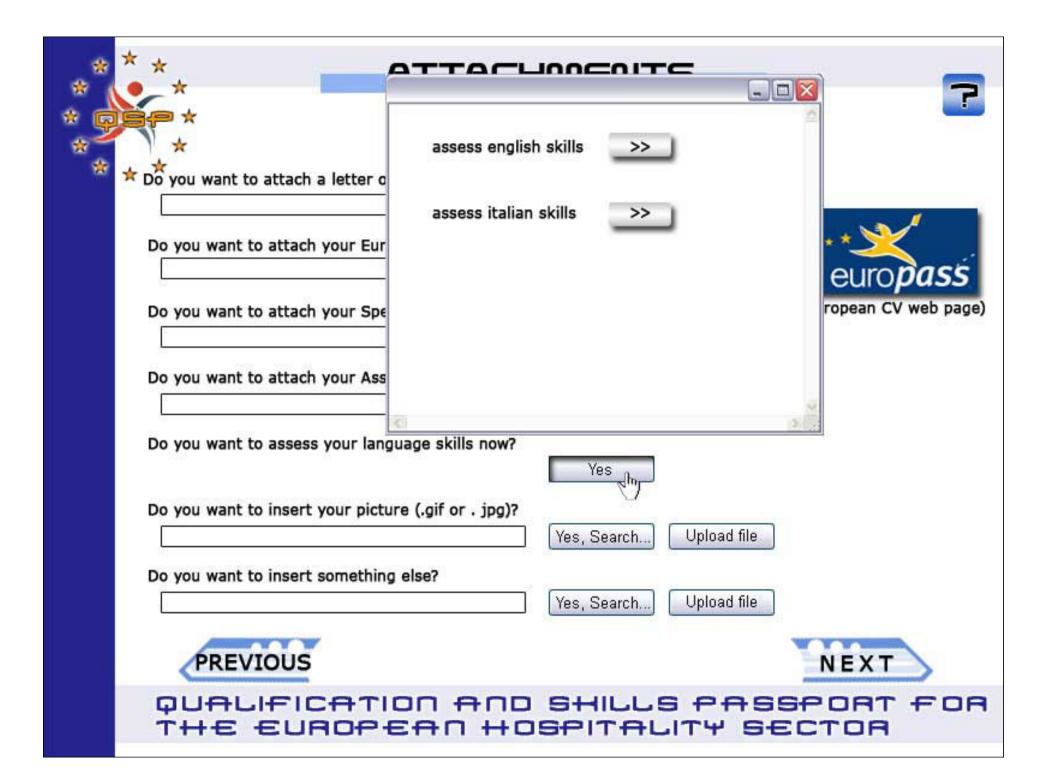
PREVIOUS

NEXT

# ATTACHMENTS



| Do you want to attach a letter of presentation?     |             |             |                      |
|-----------------------------------------------------|-------------|-------------|----------------------|
|                                                     | Yes, Search | Upload file | /                    |
| Do you want to attach your European CV?             |             |             | .** <b>&gt;</b>      |
|                                                     | Yes, Search | Upload file | euro <i>pass</i>     |
| Do you want to attach your Specialistic Diplomas?   | 12          |             | (European CV web pag |
|                                                     | Yes, Search | Upload file |                      |
| Do you want to attach your Assesment of Langua      | ge Skills?  |             |                      |
|                                                     | Yes, Search | Upload file |                      |
| Do you want to assess your language skills now?     |             |             |                      |
|                                                     | Yes         |             |                      |
| Do you want to insert your picture (.gif or . jpg)? |             |             |                      |
|                                                     | Yes, Search | Upload file |                      |
| Do you want to insert something else?               |             |             |                      |
|                                                     | Yes, Search | Upload file |                      |
|                                                     |             |             | VOCA -               |
| PREVIOUS                                            |             |             | NEXT                 |











NUMBER: IT07000001

DATA: 09/07/2007

SURNAME: Rossi

NAME: Mario

SEX: M DATE OF BIRTH: 13/11/1979

ADDRESS: Via Mazzini, 5

TOWN: Rome

POST CODE: 00100

COUNTRY: Italy

NATIONALITY: Italian

MOTHERTONGUE: Italian

E-MAIL: mario.rossi@gmail.com











### PASSPORT





#### **EDUCATION AND TRAINING**

SECONDARY SCHOOL: Italian grammar school

YEAR OF QUALIFICATION: 1998

CONTINUOUS TRAINING: Serving food

YEAR: 2001

#### **ACTUAL EMPLOYER**

NAME: Agata e Romeo

ADDRESS: Via Carlo Alberto, 45

TOWN: Rome

POST CODE: 00100

COUNTRY: Italy

START DATA: 13/11/2006

**ACTUAL POSITION: Chef** 

**ENTRY POSITION:** Cook













AREA 1

#### **AREA OF SKILLS**

Kitchen: PREPARE THE AREA TO BE USED

CLEAN EQUIPMENT, RINGS ETC

CLEANING AND HYGIENE OF KITCHEN

PREPARATION COOKING AND PRESENTATION OF DISHES - VEGETABLES

PREPARATION COOKING AND PRESENTATION OF DISHES - DAIRY PRODUCTS

PREPARATION COOKING AND PRESENTATION OF DISHES - SAUCES

PREPARATION COOKING AND PRESENTATION OF DISHES - EGGS

PREPARATION COOKING AND PRESENTATION OF DISHES - FISH AND SEAFOOD

PREPARATION COOKING AND PRESENTATION OF DISHES - MEAT

PREPARATION COOKING AND PRESENTATION OF DISHES - FRUITS

PREPARATION COOKING AND PRESENTATION OF DISHES - SALADS AND DRESSINGS

PREPARATION COOKING AND PRESENTATION OF DISHES - DESSERTS

AUTHORIZATION OF THE WORKER: Yes

#### AREA 2

| NAME AREA 2: |  |
|--------------|--|
|              |  |
|              |  |

**PREVIOUS** 











#### PREVIOUS EMPLOYERS

POSITION 2

NAME: L'Acquario

ADDRESS: Via della Stazione, 48

TOWN: Anzio (RM)

POST CODE: 00040

COUNTRY: Italy

START DATA: 15/02/05

END DATA: 23/10/06

PREVIOUS POSITION: Chef

POSITION 3

NAME: Vecchio Porto Restaurant

ADDRESS: Via del Porto, 25

TOWN: Fiumicino (RM)

POST CODE: 00050

COUNTRY: Italy

START DATA: 01/01/04

END DATA: 31/12/04

PREVIOUS POSITION: Chef



