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| B1: Berufliche Voraussetzung - Formation professionnelle - Requisito professionale | |  |
| Vorname / Prénom / Cognome |  | |
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| Name / Nom / Nome |  | |

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| Eidgenössisches Fähigkeitszeugnis  Certificat fédéral de capacité  Certificato federale di competenza |  | Ja/Oui/Si |  | Nein/Non/No | Abschlussjahr  Année du diplôme  Ultimo anno |  |

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| Eidgenössisches Berufsattest  Certificat fédéral d’aptitude professionelle  Certificato professionale federale |  | Ja/Oui/Si |  | Nein/Non/No | Abschlussjahr  Année du certificat  Ultimo anno |  |

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| Anderer Abschluss  Autre formation reconnue  Altra formazione |  | Ja/Oui/Si |  | Nein/Non/No | Abschlussjahr  Année du diplôme  Ultimo anno |  |

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| Welcher Art ist der Abschluss  Quelle est la nature du diplôme  Che tipo di formazione/diploma |  |

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| B2: Einschl. Berufserfahrung - Expérience professionnelle pertinente - Esperienza professionale pertinente   |  |  |  | | --- | --- | --- | |  | Zeitraum von…bis  Période de...à  Periodo da...a | Anstellung in %  Emploi en %  Occupazione in % | | Fertigung – Fabrication - Produzione | - |  | | Montage – Montage - Montaggio | - |  | | Spedition – Expédition - Spedizione | - |  | | Logistik – Logistique - Logistica | - |  | | Unterhalt – Maintenance - Manutenzione | - |  | | Oberflächenbehandlung - Traitement de surface - Trattamento delle superfici | - |  | | Qualitätswesen - Contrôle de la qualité - Controllo qualità | - |  | | Kundenservice - Service Après-Vente (SAV) - Servizio assistenza clienti | - |  | | Anderer Bereich - Autre domaine - Altra area | - |  |   Die Richtigkeit der Angaben bestätigt. Je confirme l’exactitude des informations. Confermo la correttezza delle informazioni.   |  |  |  | | --- | --- | --- | | Ort und Datum / Lieu et date / Luogo e data |  |  | |  |  |  | |  |  |  | |  |  |  | | Unterschrift des Nachweiserbringers  Signature  Firma del certificatore |  | Firmenstempel und Unterschrift des Vorgesetzten  Cachet de l'entreprise et signature du supérieur  Timbro della società e firma del supervisore | |  |