

 **Către,**

 **Direcția de Asistență Socială**

 **din subordinea Consiliului Local Alba Iulia**

 Subsemnatul(a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ domiciliat(ă) în Alba Iulia, str.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nr.\_\_\_\_\_\_bl.\_\_\_\_\_\_\_\_\_\_\_\_ap.\_\_\_\_,telefon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ solicit angajarea ca asistent personal al persoanei cu handicap grav \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

domiciliat(ă) în Alba Iulia, str.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

nr. \_\_\_\_\_\_\_\_bl.\_\_\_\_\_\_\_\_\_\_\_\_\_ap.\_\_\_\_\_, telefon\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Program de lucru asistent personal:\_\_\_\_\_\_\_\_\_\_\_\_\_

Am luat la cunoștință că informațiile din prezenta cerere vor fi prelucrate conform Regulamenului European nr.679/2016 privind protecția datelor cu caracter personal.

 **Alba Iulia, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Solicitant,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**