

select the language in which you will fill out the form.

after selecting the language, click **START** and,
after moving to the next page, click **START** again.



we are glad that you
are with us.

myRandstad onboard

Select your language:

- hej,
mówię po polsku.
- hi,
I speak English.
- привіт,
я розмовляю українською.
- привет,
я говорю по-русски.

 randstad



start →

partner for talent.



let's get to know
each other
closer.

myRandstad onboard

hi, welcome "onboard"!
Please fill in the required fields carefully. After completing the
questionnaire, click the „submit“ button.

Are you ready? Click "start".

best regards
Randstad team

← go back start →

 randstad



partner for talent.

01 basic information

Please provide accurate information when filling out the personal questionnaire.

- a) Select **your sex** and enter your **First Name, Surname,** and **Date of birth.**

Randstad Polska Sp. z o.o

your consultants phone numbers

phone number **+48 224544444**
if you have any questions about the questionnaire below, please call your consultant.

basic informations

sex

male
 female

first name surname

middle name optional family name optional

date of birth

02

citizenship

Indicate whether you are a citizen of Poland. In the next section, you need to enter your Polish **PESEL** number.

- a) Enter the correct **PESEL** number.
- b) You entered an incorrect **PESEL** number. Please enter the correct
 - Select the option “**I don't have polish citizenship**” and then select your citizenship from the list.
 - Indicate whether you have a **PESEL** number.

If you don't have a **PESEL** number, enter your **foreign passport number** below.

The screenshot shows a form with the following elements:

- Two radio buttons: I have polish citizenship and I don't have polish citizenship.
- A dropdown menu labeled "citizenship" with the value "amerykańskie" selected.
- Two more radio buttons: I have PESEL number and I don't have PESEL number.
- Two input fields: "passport series" containing "FF" and "passport number" containing "123456".

03

account number and its holder

- Enter your **bank account number** – the account must be in Poland. An incorrect account number will prevent you from continuing to fill out the questionnaire.
- Indicate whether **you are the account holder** or **are using someone else's account**.

Enter the **first name** and **surname of the account holder** exactly as it appears at the bank.

I am asking for the transfer of receivables resulting from the employment relationship, including remuneration for work, to the bank account number indicated below:

country code	bank account number
<input type="text" value="PL"/>	<input type="text" value="12 1234 1234 1234 1234 1234"/>

- I am the owner of the bank account
- I am not the owner of the bank account

first name of the bank account owner	surname of the bank account owner
<input type="text" value="Test"/>	<input type="text" value="Test"/>

04

registered address and residential address

- Enter your [registered address in Poland](#).
- Enter your [current address](#), as this is where your correspondence will be sent.

registered address

country	province	
<input type="text" value="Polska"/>	<input type="text" value="Zachodnio-Pomorskie"/>	
district	commune	
<input type="text" value="Szczecin"/>	<input type="text" value="Szczecin - gmina miejska"/>	
postal code	city	street optional
<input type="text" value="66-666"/>	<input type="text" value="Szczecin"/>	<input type="text" value="Wodna"/>
building number	flat number optional	
<input type="text" value="1"/>	<input type="text" value="2"/>	
post office (town)		
<input type="text" value="Szczecin"/>		

address of residence/for correspondence

- different
- the same as registered address

05 phone number and email

Enter your own **email address**, the one you will use to correspond with the company.

Enter a **polish phone number** that the company can use to contact you.

contact details

the contact e-mail address provided by you will be used to create your account in the mobile application.

email optional repeat email optional

area code phone number

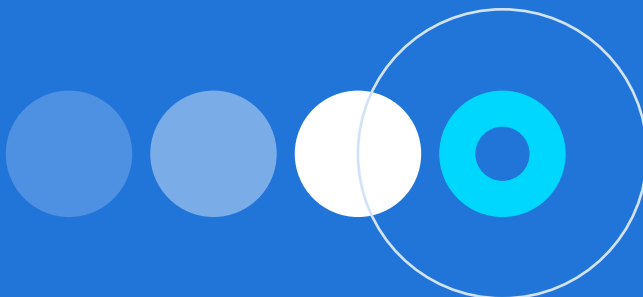
emergency contact

Provide the **details of a person** who can be contacted in an emergency.

emergency contact

we will contact the person indicated by you, only in the event of an emergency (e.g. an accident at work).

I do not want to provide details of a contact person



06

disability certificate

- Indicate whether you have a [disability certificate](#).

The certificate must be issued exclusively in Poland! If the certificate was issued outside Poland, it will not be accepted!

- Indicate the [degree of disability](#).
- Indicate the [period of disability](#).

disability grade

I declare that I am/I am not submitting a disability certificate

- I declare (the original of the disability certificate should be presented to the Randstad Consultant)
- I do not declare

or

I declare that I am/I am not submitting a disability certificate

- I declare (the original of the disability certificate should be presented to the Randstad Consultant)
- I do not declare

disability level

- 1 - slight
- 2 - moderate
- 3 - severe

disability duration

- permanent
- temporary

07

the national health fund (Narodowy Fundusz Zdrowia)

Select the **National health fund (NFZ) branch** corresponding to your place of residence.

additional informations

branch of the National Health Fund

Zachodniopomorski Oddział Narodowego Funduszu Zdrowia w Szczecinie

08

Pension certificate (emerytura / renta)

Indicate whether you receive a retirement **pension** or for any other reason and enter the date when you started receiving it: day, month, year.

Only pensions issued in Poland are taken into consideration!

Indicate whether you are an old-age or disability **pensioner** and for what reason.

I declare that

- I'm retired
- I'm not retired

I declare that

- I am a pensioner
- I am not a pensioner

or

I declare that

I'm retired
 I'm not retired

since

28.09.2021

I declare that

I am a pensioner
 I am not a pensioner

Pension

permanent
 temporary

till

19.10.2020

09 information about your tax number and tax office

- Enter the **name of the Tax office** (Urząd Skarbowy) corresponding to your place of residence.
- Indicate **how you settle your accounts with the Tax Office** (Urząd Skarbowy).

tax Office

Drugi Urząd Skarbowy w Szczecinie

I hereby declare that the tax ID for me to settle with the Tax Office is the number (please select the appropriate one):

PESEL - I do not run a business
 NIP (tax identification number) - I run a business
 other

passport series

FF

passport number

123456

10

information about place of residence and statement regarding increase or no increase in income-earning expenses

- Indicate, do you live and work in **the same populated area** or in **different ones**?
- Indicate whether **you wish to request for an increase** in expenses due to the fact that you live and work in different populated areas.

statement on tax deductible costs.

I live outside the administrative boundaries of the town, where the workplace is located

- no
 yes

In this respect:

- I request an increase in tax deductible costs
 I want to keep the standard tax deductible costs
 I give up the application of tax deductible costs

I undertake to notify the employer about each change in the above data before the payment of remuneration for the month in which the change took place.

11

information about employment or lack thereof at Amazon within the last 36 months

Confirm that you worked for Amazon Fulfillment Poland Sp.z o.o.

Enter the start and end dates of your employment.

statements

- I declare that I have not performed temporary work on the basis of an employment contract or a civil law contract (contract of mandate/contract for specific work) for the Amazon Fulfillment Poland Sp. z o.o. company during the last 36 months preceding the expected date of commencement of temporary work

- I declare that I have performed temporary work on the basis of an employment contract or a civil law contract (contract of mandate/contract for specific work) for the given employer of the user: the Amazon Fulfillment Poland Sp. z o.o. company during the last 36 months preceding the expected date of commencement of temporary work and the documents submitted by me are all documents related to this work

- I confirm that during the last 36 months preceding the expected date of commencement of temporary work, I have performed work under a temporary employment contract or a civil law contract (contract of mandate/contract for specific work) for a given employer of the Amazon Fulfillment Poland Sp. z o.o. user in the following periods:

12

parenting/childcare

To receive an additional 2 days of childcare for children under 8 years of age, please enter the **child's details**: **First name**, **Last name** and **Date of birth**.

I declare that

- I am the parent or guardian of the child (children)
- I am not the parent or guardian of the child (children)

or

I declare that

- I am the parent or guardian of the child (children)
- I am not the parent or guardian of the child (children)

children's personal data

first name

Test

surname

Test

date of birth

10.10.2010

[add another child](#)

Enter **the name of the family member** that you want to include in your health insurance.

registering a family member for health insurance

by registering a family member for health insurance, you declare that you are in the same household

first name

Test

surname

Test



date of birth

10.10.2010



citizenship

amerykańskie



- has a PESEL number
- has not a PESEL number

passport number

FF123456

sex

- male
- female

kinship degree

own child, adopted child or spouse's child



family member's address

- same as my registered address
- other

disability level

- 0 - none
- 1 - slight
- 2 - moderate
- 3 - severe

[add a family member](#)

13

consent

Confirm that **you agree with Randstad** sending you documents electronically.

consents

I hereby give my consent for Randstad Polska Sp. z o.o based in Warsaw:

- payslips containing salary information electronically to the e-mail address provided by me below.
This consent applies to the monthly sending of the payslip in electronic form
- work certificates by e-mail to the e-mail address provided by me below
- PIT - 11 containing information on income and collected advance payments for income tax electronically to the e-mail address provided by me below

email

randstad@randstad.pl

14

PIT2

The amount of tax withheld from your wages will depend on your answer. **It's important that you answer truthfully and don't provide false information under any circumstances.**

- "4+ credit" is a tax relief available to every parent raising four or more children.
- "working seniors credit " is tax relief available for every working person who have reached retirement age (after reaching 60 years of age for women and 65 years of age for men).

pit 2

Statements and applications of the Taxpayer

on reducing the monthly advance payment of income tax:

- I have no additional sources of income (I work only in Randstad Polska Sp. z o.o) - 1/12 of the tax-reducing amount (PLN 300)
- I have 1 additional source of income (I also work outside Randstad Polska Sp. z o.o) - 1/24 of the tax-reducing amount (PLN 150)
- I have 2 or more additional sources of income (I also work outside Randstad Polska Sp. z o.o) - 1/36 of the tax-reducing amount (PLN 100)
- I don't want to apply deduction

Are you a single parent?

- no
- yes

Do you intend to settle jointly with your spouse?

- no
- yes

I want to take advantage of the following credits:

- "4+ credit"

here you will find more information on the rules for using the exemption referred to in art. 21 sec. 1 item 153 (<https://www.podatki.gov.pl/pit/ulgi-odliczenia-i-zwolnienia/ulga-dla-rodzin-4/>)

- "working seniors credit"

here you will find more information on the rules for using the exemption referred to in art. 21 sec. 1 item 154 (<https://www.podatki.gov.pl/pit/ulgi-odliczenia-i-zwolnienia/ulga-dla-pracujacych-seniorow/>)

instruction

for providing untruths or concealing the truth and thus exposing the tax to depletion, there is a risk of liability provided for in the Fiscal Penal Code.

explanations

the declaration must be submitted to the payer before the first salary payment in the tax year. The declaration shall not be submitted if the facts resulting from the declaration submitted in previous years have not changed. If the taxpayer notifies the workplace of a change in the actual state of affairs resulting from the declaration, the workplace does not reduce the advance payment in the manner specified above.

This section contains information about the processing of your personal data. You can click on “[show more](#)” for more details.

information clause

data controller

we hereby inform you that the Controller of your personal data is Randstad Polska Sp. z o.o., based in Warsaw (02-305) at Al. Jerozolimskie 134, hereinafter referred to as “Controller” or “Company”

data protection officer (DPO)

the Controller has appointed a Data Protection Officer (DPO), who can be contacted by e-mail at: dpo@randstad.pl in all matters concerning your personal data.

purposes of personal data processing

the processing of your personal data will be carried out for the following purposes:

[show more](#)

We want to be the best companion and support on your professional journey, both now and in the future.

If you wish, please [consent to the processing of your personal data](#) so that we can stay in touch with you for a longer period of time. For more detailed information [click “show more”](#).

If you wish to stay in touch with us for longer, just click below:

- I have read and I accept the terms and conditions below and Randstad Polska’s Privacy Policy and I wish to use Randstad’s Services for the next 24 months.

Your personal data controller is Randstad Polska Sp. z o.o. with its registered office in Warsaw (02-305), at Al. Jerozolimskie 134, hereinafter the Controller or the Company.

We use your personal data when providing our HR services, which include services in the field of recruitment and selection, mediation, temporary staff, secondment, payroll, personal development, career guidance, coaching, planning, and personnel and salary administration (“Services”).

[show more](#)

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signature

In the “Signature” section, we recommend selecting the option “[handwritten signature at the Randstad office](#)” (because all your contracts wouldn't be an electronic version). In this way, we will have all the data required to draw up the contract at once.

signature

choose how you want to sign your questionnaire

A quick electronic signature is the best way to sign the Onboard questionnaire conveniently, without leaving your home:

- a qualified signature is not required.
- you only need to use your computer mouse to sign, or your finger if you have a touchscreen.
- after signing, you will receive a 6-digit verification code sent to your email address — enter this code in the field below the signature (this is an additional security measure that helps us quickly confirm your identity).

and you're done!

quick electronic signature without leaving your home

handwritten signature at the Randstad office

[submit](#)

completion

Click the “[submit](#)” button to complete the questionnaire and send it to Randstad.

Be sure to [check the information](#) you have entered [before clicking “Submit”!](#)

