



Georgius Milán Factories

Application form for:

Dating relationship

Identifying data

Name		1 st Surname		2 nd Surname	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Birth Date		City of birth		Country	
Day	Month	Year	City	Province/District	Community/State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone		Email			
Prefix	Number	<input type="text"/>		<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Instagram	Facebook	web			
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	

Address

Street		Nº	Door	Floor	Stairs
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Community/State	Province/District	City		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Generic data

Weight	Height	Years	Piercings		Specify quantity and where	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Tattoo						
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify where and its meaning				
<input type="text"/>						
Skin color	Eye color	Hair color	Hair length			Others
<input type="text"/>	<input type="text"/>	<input type="text"/>	Short <input type="checkbox"/>	Long <input type="checkbox"/>	Deadlocks <input type="checkbox"/>	Half hair <input type="checkbox"/>
Etnia	Sexuality					Others
Caucasian <input type="checkbox"/>	African <input type="checkbox"/>	Asian <input type="checkbox"/>	Latin <input type="checkbox"/>	American <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Homosexual <input type="checkbox"/>
					Bisexual <input type="checkbox"/>	Pansexual <input type="checkbox"/>
					Heteroflexible <input type="checkbox"/>	<input type="text"/>

Fill in only if you are a woman

Breast size		Would you have anal sex?		Musculature		Body type					
Little <input type="checkbox"/>	Normal <input type="checkbox"/>	Huge <input type="checkbox"/>	Massive <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fat <input type="checkbox"/>	Slim <input type="checkbox"/>	Hottie <input type="checkbox"/>	Endomorph <input type="checkbox"/>	Mesomorph <input type="checkbox"/>	Ectomorph <input type="checkbox"/>
Indicate (according to the perception of your masculine or feminine attitude) which position of the bar you are in knowing that the established line indicates half											
<input type="text"/>						<input type="text"/>					

Fill in only if you are a man

Dick size		Would you have anal sex?		Musculature		Body type			Rol					
Little <input type="checkbox"/>	Normal <input type="checkbox"/>	Huge <input type="checkbox"/>	Monster <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fat <input type="checkbox"/>	Slim <input type="checkbox"/>	Hunky <input type="checkbox"/>	Endomorph <input type="checkbox"/>	Mesomorph <input type="checkbox"/>	Ectomorph <input type="checkbox"/>	Top <input type="checkbox"/>	Versatile <input type="checkbox"/>	Bottom <input type="checkbox"/>
Indicate (according to the perception of your masculine or feminine attitude) which position of the bar you are in knowing that the established line indicates half														
<input type="text"/>							<input type="text"/>							



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Work reference and others

Monthly salary in €

Jobless 100 to 500 501 to 1000 1001 to 2000 > 2001

Do you have your own house?

Yes No

Do you have your own car?

Yes No

Land

Yes No

if your answer was yes, please you indicate the hectares and where they are located

Type of agriculture

Dry Irrigation Horticultural Extensive Vine Olive Fruty Greenhouse

Type of crop

Others

Education qualifications

You indicate the level of studies you are studying or have in possession

Without studies Compulsory studies High school /VT Graduate Master Doctorate

Experience abroad

Yes No If you answered yes, specify which

Languages and specify the level

Español Valencià/català English Français Italiano Others

Relationship experience

You write down your last three boy/girlfriend, starting with the most recent

Name	Monthly income	Reason for the breakup	Are you still obsessed with him/her? (Yes/No)

Do you have friends who try to have sex with you? Yes No

¿How many?

Would you let your mother influence the relationship? Yes No

Have you been unfaithful? Yes No

Topics of interest

Are you jealous? Yes No

Can you cook? Yes No

Deep throat? Yes No

Do you have children? Yes No

Do you have mental disorders? Yes No

If you answer was yes, please indicate which ones

Are you smoker? Yes No Occasionally Only social

Are you drinker? Yes No Occasionally Only social

Do you get drugs? Yes No Occasionally Only social

If you answer was yes, please indicate what type of drug

Hobbies and sports

Are you fond of reading? Yes No

Practice sports? Yes No

Which sport do you practice?

Other hobbies

Specify which

Free contribution

¿Why do you request this dating relationship and why are you entitled to this dating relationship and not another?

Fdo: Proposer

Fdo: Sweeting