



Georgius Milán Factories

Application form for:

# Dating relationship

## Identifying data

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

## Residence

Adress				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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>		
Tattoo										
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify where and its meaning								
Skin color		Eye color		Hair color		Hair length		Others		
<input type="text"/>	<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"/>	<input type="text"/>		
Etnia					Sexuality					
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"/>	Others <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