



ISTANBUL AYDIN UNIVERSITY

EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION

Full Name	:	_____	Gender	:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Birthplace	:	_____	Military Service	:	<input type="checkbox"/> Completed	
Birthdate	:	_____			<input type="checkbox"/> Postponed (Until)	: _____
Nationality	:	_____			<input type="checkbox"/> Exempt (Reason)	: _____
Marital Status	:	<input type="checkbox"/> Married <input type="checkbox"/> Single	Have Driving License	:	<input type="checkbox"/> Yes (Class): _____	
Disabilities, if any	:	_____			<input type="checkbox"/> No	
Home Address	:	_____				
Mobile Number	:	_____	Home Phone Number:	_____	E-mail	: _____
Secondary Contact	:	_____				

EDUCATION INFORMATION

	School Name	Department	Graduation Date	Degree (GPA)
Doctorate Degree				
Master's Degree				
Bachelor's Degree				
Associate's Degree				
High School				
Primary School				

WORK AND INTERNSHIP EXPERIENCE (From present to past)

Company Name	Job/Title	Date of Start/Termination	Reason of Termination

Company Name	Job/Title	Date of Start/Termination	Reason of Termination

Company Name	Job/Title	Date of Start/Termination	Reason of Termination

Company Name	Job/Title	Date of Start/Termination	Reason of Termination

KNOWLEDGE OF FOREIGN LANGUAGE

	SPEAKING					READING					WRITING				
	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KNOWLEDGE OF COMPUTER/BASIC SOFTWARE

	5					4					3					2					1				
	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1	5	4	3	2	1					
Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
PPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

COURSES AND SEMINARS ATTENDED

Name of Educational Institution	Education/Training Subject	Duration

RESEARCH, PROJECTS, PAPERS AND PUBLICATIONS, IF ANY

APPLICATION INFORMATION

Department : _____ Position/Title : _____

Requested Monthly Salary : _____

Former Monthly Salary : _____

Starting Date, In Case of Recruitment : _____

ASSOCIATION, FOUNDATION AND CLUB MEMBERSHIPS, IF ANY

REFERENCE INFORMATION

Full Name	Company and Position/Title	Mobile Number

I confirm the accuracy of all the information I have provided in this application form and acknowledge that false and incomplete information will result in a refusal to hire me or termination of my employment. Furthermore, I declare that I consent to the processing of my personal data in accordance with the KVKK, including the special categories of personal data included in this form, for the purpose of processing within the relevant process, as well as its limited use and sharing, and storage for the necessary period of time; I acknowledge that I have been informed about the deletion of my processed data within the first periodic destruction period (within a maximum of 6 months) in case my job application is unsuccessful; I declare that I have read and understood this text, the University Regulation on the Protection and Processing of Personal Data, and the Information Note; and I accept, declare, and undertake accordingly.

Full Name

Date:...../...../ 20.....

Signature