



Photograph

SASU SU VE TARIM URUNLERI SAN TIC INC.
JOB APPLICATION FORM

Application Date:

Applied Position:

A. PERSONAL INFORMATION

Name		Date of Birth	
Surname		Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/>
Nationality	TC <input type="checkbox"/> Other		
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>		
Address of residence			
Phone Number	Home:	mobile1:	mobile2:
E-mail Address			
Military Status	Completed <input type="checkbox"/>	Date of Discharge	
	Postponed <input type="checkbox"/>	Deferred Date	
	Exempt <input type="checkbox"/>	
Do you have a driver's license?	B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> No <input type="checkbox"/>		
The date your last insurance expired		İş-Kur Registration	Yes <input type="checkbox"/> No <input type="checkbox"/>

B. EDUCATION INFORMATION

	School Name	Department	Starting Date	End Date	Date of Graduation
Primary					
High School					
Associate Degree					
License					
Master's Degree					
Doctorate					

C. FOREIGN LANGUAGE KNOWLEDGE

Language	Reading			Writing			Speaking		
	Beginner	Intermediate	Advanced	Beginner	Intermediate	Advanced	Beginner	Intermediate	Advanced
1-English									
2-Germany									
3-									

D. COMPUTER SKILLS

Program	Beginner	Intermediate	Advanced
Excel			
Word			
Power Point			
Other:			

E. JOB EXPERIENCE AND INTERNSHIP EXPERIENCE

Company Name	Mission	Starting Date	End Date	Reason for Leaving	Salary (Net/Gross)

F. PERSONAL ANSWERS (Add explanations where necessary)

Can you work in a shift system?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Explanation:
Have you taken a vocational course?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Explanation:
Do you work overtime?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Explanation:

I. OTHER INFORMATIONS

In case of emergency, the person to be notified when we cannot reach you;	Name-Surname	Degree of Proximity	Phone

J. REFERANCES (Persons in the Position of Manager / Responsible / Supervisor at the Places You Work)

Name, Surname	Institution she/he is working at	Mission	Phone Number

K. SALARY EXPECTATION

NET			
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L. WANT TO ADD

Within the scope of the law on the protection of personal data, by filling out this job application form with **EXPLICIT CONSENT** to be used in the recruitment processes of SASU A.Ş, the processing of this information by SASU A.Ş within the scope of Article 3 of the Law on the Protection of Personal Data No. 6698, legally authorized public institution. I hereby declare and accept that I have given **EXPLICIT CONSENT** to the transfer of the companies, group companies and their officials and employees, to the people I refer to in the job application form during the recruitment processes, and to search for references from companies, individuals and organizations other than these people.

That the above information is complete, that I will notify my changed information in writing within one week at the latest, that if I am not hired with my false statement, if this situation is detected, my job may be terminated without any notice or compensation, and that I will not make any claims and that the employer will not be liable for any damages that may arise from this. I accept, declare and undertake that I will compensate for the loss and that the address I have declared is my legal notification address.

Applicant

Name, Surname :

Date :

Signature :

Approval

Name, Surname :

Date :

Signature :