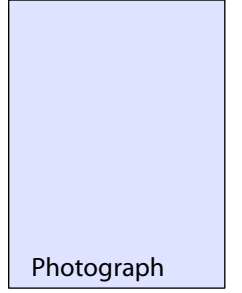


NAME AND SURNAME	:	
JOB	:	
APPLICATION DATE	:	/ / 20
TC IDENTIFICATION NUMBER	:	


General Information

PLACE / DATE OF BIRTH		ADRES
MARITAL STATUS	<input type="checkbox"/> Married <input type="checkbox"/> Single	
E-MAIL ADDRESS		TELEPH

Education Information

	SCHOOL NAME	SECTION	STARTING DATE	DATE OF GRADUATION	DEGREE
DEGREE					
UNIVERSITY					
HIGH SCHOOL					
PRIMARY EDUCATION					

Professional Specialization

PROJECT/OFFICE	
<input type="checkbox"/> CONTRACT ADMINISTRATION / PROGRESS	<input type="checkbox"/> RAIL SYSTEM
<input type="checkbox"/> PLANNING/FEASIBILITY	<input type="checkbox"/> TUNNEL
<input type="checkbox"/> DRINKING WATER-SEWER	<input type="checkbox"/> ROAD/BRIDGE
<input type="checkbox"/> TREATMENT PLANT (DRINKING WATER-WASTE WATER)	<input type="checkbox"/> COMPUTING
<input type="checkbox"/> PREPARING OFFER	<input type="checkbox"/>

Foreign Language / Computer Knowledge

	FOREIGN LANGUAGE			COMPUTER
English	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Middle	<input type="checkbox"/> MS Office
German	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Middle	<input type="checkbox"/> AutoCAD
French	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Middle	<input type="checkbox"/> Microstation
	<input type="checkbox"/> Very good	<input type="checkbox"/> Good	<input type="checkbox"/> Middle	

Personal Information

YOUR MILITARY STATUS	<input type="checkbox"/> finished	<input type="checkbox"/> deferred
DO YOU HAVE MANDATORY SERVICE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU REGISTERED WITH THE RELEVANT CHAMBER OF PROFESSIONS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CAN YOU TRAVEL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CAN YOU WORK OUTSIDE ISTANBUL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CAN YOU WORK ABROAD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU HAVE A CAR LICENSE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE YOU RETIRED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FOUNDATION/DATE YOU RETIRED		
WRITE IF YOU HAVE A SIZE DISABLED		
DO YOU SMOKE ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Professional CV

NOTE: In this section, indicate your previous workplace starting from the last one.

FROM DATE - TO DATE (MONTH/YEAR)	COMPANY TITLE	POZİSYON	BRIEF DESCRIPTION OF THE WORK DONE

References

NAME AND SURNAME	ORGANIZATION / MISSION	TELEPHONE

Last Workplace Information

COMPANY / INSTITUTION NAME	
YOUR POSITION	
LOCATION OF DUTY	
NET FEE YOU RECEIVE	
WHY YOU LEFT	

Requested Mission

THE MISSION YOU REQUEST FROM OUR COMPANY		/ / 20
DESIRED LOCATION		
DATE YOU CAN START BUSINESS		
NET FEE REQUESTED (TL)		

Evaluation (*)

(*) This part will be filled by company officials.

NEGATIVE	LOCATION OF DUTY	Date : / / 20
<input type="checkbox"/> CAN BE CONSIDERED FUTURE	NET FEE (TL)	Signature
<input type="checkbox"/> GOING TO WORK	STARTING DATE / / 20	
<input type="checkbox"/>		Name Surname (Authorized)