AMG Technology

181 New Road Suite 304

Parsippany, NJ 07054



**Employee Hire/ Check List**

Last Name:\_\_\_ ALTINDAG \_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_ UGUR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_ 747 Windsor Cr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_ Folcroft \_\_\_\_\_\_\_ State: \_\_\_\_ PA \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_ 19032 \_\_\_

Email Address:\_\_\_\_ ualtindag@live.com \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number of Government ID: \_\_\_\_\_\_\_ 183-80-1356 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_ 01/12/1975 \_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_ Single \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License #: \_\_\_\_\_\_\_\_\_\_ 27-368-261 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Attended: \_\_ West Chester University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Earned:\_\_\_ MS of Computer Science \_\_\_\_ Date of Graduation: \_\_\_ 2016 \_\_\_\_\_\_\_\_\_\_

Current Visa Status:\_\_\_ Green Card \_\_\_\_\_\_\_ Require Visa Sponsorship:\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

Cell Phone:\_\_\_ 484-437-7824 \_\_\_\_Skype ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Availability Date:07/07/14

**EMERGENCY CONTACT INFORMATION**

Last Name:\_\_\_\_ ALTINDAG \_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_ EMRE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_ 2828 Disston St. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_ Philadelphia \_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_ PA \_\_\_\_\_\_\_\_\_\_\_\_Zip Code:\_ 19074 \_\_

Primary Phone: \_\_\_\_ 267-505-2770 \_\_\_\_\_\_\_Alternate Phone:\_\_\_\_ 267-505-2876 \_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_ Brother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_