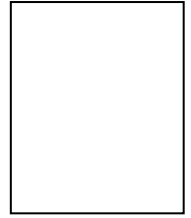




PERSONAL INFORMATION FORM



PERSONAL INFORMATION

NAME & SURNAME :	HOME ADDRESS :
PLACE OF BIRTH :	
DATE OF BIRTH :	POSTAL CODE :
NATIONALITY :	HOME PHONE NO :
MOTHER'S NAME:	CELLULAR PHONE NO:
FATHER'S NAME :	E-MAIL ADDRESS :
T.C. IDENTITY NUMBER:	TAX IDENTITY NUMBER / OFFICE:

MARITAL STATUS : ☐ Married ☐ Single Number of children :
GENDER : ☐ Male ☐ Female
MILITARY SERVICE (if Turkish) : ☐ Completed Completion date: / Not completed ☐ Deferred to.....

JOB/FACULTY YOU ARE APPLYING FOR (in order of preference): 1..... 2..... 3.....
SOURCE OF APPLICATION: ☐ Job advert ☐ Acquaintance in SU ☐ Personal enquiry ☐ Web Other:.....

SOCIAL SECURITY INSTITUTION: ☐ SSK ☐ Pension Fund for Civil Servants (Emekli Sandığı) Other:
ARE YOU RETIRED? ☐ Yes RETIREMENT NO: ☐ No
IF YES FROM WHICH SOCIAL SECURITY INSTITUTION: ☐ SSK ☐ Pension Fund for Civil Servants (Emekli Sandığı)
Other:.....

1. HAVE YOU BEEN SUBJECT TO ANY LEGAL INVESTIGATION? ☐ Yes ☐ No
IF YES, REASON:
2. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? ☐ Yes ☐ No
IF YES, REASON:
3. DO YOU HAVE A VALID DRIVING LICENSE? ☐ Yes ☐ No
4. SIGNIFICANT ILLNESSES TO DATE :

EDUCATION

	Name / Place Of Institution	Start& End Date (Month-Year)	Faculty & Department / Area	Type Of Diploma (BA, BSc,etc)	Grade / Degree Of Graduation
HIGH SCHOOL					
UNDER GRADUATE					
POST GRADUATE					
PH.D					
ASSOC. PROFESSORSHIP					
PROFESSORSHIP					

For Faculty Only: Please specify primary area of academic interest (For Turkish Faculty, Higher Education Council (YÖK) specified primary area-Please see YÖK Codes). Senior Faculty should specify area leading to Assoc.Prof. title.

PRIMARY AREA OF INTEREST:	CODE OF PRIMARY AREA OF INTEREST:
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For Turkish Faculty Only: Please specify your academic title confirmed by Higher Education Council (YÖK):.....

WORK EXPERIENCE (Please put the 3 most recent experiences in reverse chronological order)

Can we contact your last work place?..... If yes, your supervisor's name :

Phone/Fax number: E-mail address :

NAME AND PLACE OF INSTITUTION	YOUR DEPARTMENT / JOB TITLE	START DATE	FINISH DATE	REASON FOR LEAVING	YOUR LAST ANNUAL GROSS SALARY

For all Faculty members:

How many years of private sector job experience do you have? (other than educational institutions and TUBITAK)

Only for Foundations Development Program Instructors:

How many years of English Language teaching experience do you have?

REFERENCES (Please provide the following information for 2 professional references)

NAME AND SURNAME	JOB/POSITION	TEL NO.	FAX NO.	POSTAL ADDRESS / E-MAIL ADDRESS

FOREIGN LANGUAGES (Please tick appropriate boxes)

FOREIGN LANGUAGE	READING			WRITING			SPEAKING		
	AVER.	GOOD	V. GOOD	AVER.	GOOD	V. GOOD	AVER.	GOOD	V. GOOD

COMPUTER USAGE -Microsoft Office Programs and other (Please tick appropriate boxes)

	AVER.	GOOD	V. GOOD	
WORD : <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER :
EXCEL : <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWERPOINT : <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORMAL/APPROVED CERTIFICATES (e.g: Certified Public Accountant)

NAME OF CERTIFICATE	LAST DATE OBTAINED	EXPIRY DATE	CERTIFICATE NUMBER	INSTITUTION ENDORSING THE CERT. / ENDORSEMENT DATE

EXAMINATIONS (e.g.: TOEFL, GMAT, KPDS, ÜDS)

NAME OF EXAMINATION	INSTITUTION	DATE OF EXAM	GRADE RECEIVED	RESULT

Please add below any other information you feel relevant (e.g. other skills, hobbies, membership to organisations / associations).

.....
.....

I hereby declare that the information given in this form, and in any supporting documentation I have provided, is correct to the best of my knowledge. If this information is proven to be incorrect I accept that my contract may be terminated without prior notice with no indemnity payment.

Date:

Signature

ADDITIONAL INFORMATION FORM

CAR INFORMATION (This field is required for obtaining “Sabancı University Car Sticker”)

CAR LICENSE TAG NO:	CAR MODEL:	CAR COLOR:
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INFORMATION ABOUT SPOUSE (if married)

NAME AND SURNAME:	NATIONALITY:
PLACE / DATE OF BIRTH	DATE OF MARRIAGE:
PASSPORT NO (if non-Turkish):	PASSPORT EXPIRY DATE:
EDUCATION (last degree obtained):	

INFORMATION ABOUT CHILDREN (if applicable)

NAME AND SURNAME	ADDRESS (if different)	GENDER	DATE & PLACE OF BIRTH
		M: <input type="checkbox"/> F: <input type="checkbox"/>	
		M: <input type="checkbox"/> F: <input type="checkbox"/>	
		M: <input type="checkbox"/> F: <input type="checkbox"/>	

PERSON TO CONTACT IN CASE OF EMERGENCY (in priority order)

1-NAME & SURNAME:	GENDER (M/F):	RELATIONSHIP:
TYPE OF ADDRESS (home, work, temporary etc): <input type="checkbox"/> Work <input type="checkbox"/> Home: Other		
ADDRESS:		
CITY:		POSTAL CODE:
HOME PHONE:	WORK PHONE:	CELLULAR PHONE:

2-NAME & SURNAME:	GENDER (M/F):	RELATIONSHIP:
TYPE OF ADDRESS (home, work, temporary etc): <input type="checkbox"/> Work <input type="checkbox"/> Home: Other		
ADDRESS:		
CITY:		POSTAL CODE:
HOME PHONE:	WORK PHONE:	CELLULAR PHONE:

PASSPORT INFORMATION (if non-Turkish)

PASSPORT NO:	PASSPORT EXPIRY DATE:
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GENERAL HEALTH INFORMATION

PLEASE STATE ANY IMPORTANT OPERATIONS YOU HAVE HAD:
DO YOU HAVE A CONTAGIOUS DISEASE / DO YOU SUFFER FROM ANY ALLERGIES – if yes, please explain:
IS THERE ANY MEDICAL APPARATUS YOU HAVE TO USE – if yes, please explain:
BLOOD GROUP: