 T.C. ISKENDERUN TECHNICAL UNIVERSITY

PART-TIME WORK APPLICATION FORM FOR STUDENTS

PERSONAL INFORMATION

|  |  |
| --- | --- |
| STUDENT INFORMATION | Photograph |
| National ID Number |  |
| Full Name |  |
| Date and Place of Birth |  |
| Gender |  |
| Marital Status |  |

STUDENT AND FAMILY INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty/School/Institute |   | Department |  |
| Grade |  | Student Number |  |
| Address of stay during the education | State Dormitory □ Private Dormitory □ Rental □ Family□ Relative □ |
| Telephone Number |  | E-Mail |  |
| Education Status | Daytime Education □ Evening Education □ |
| Disciplinary Action | Yes □ No □ |
| Family Information | Full Name | Education Status | Occupation | Monthly Income | Telephone |
| Father |  |  |  |  |  |
| Mother |  |  |  |  |  |
| Sibling |  |  |  |  |  |
| Address |  |
| The house where the family lives | rental □ our own □ a relative’s□ public housing□ |
| If you have a scholarship | Title of the Scholarship |  | Amount |  |
| Title of the Scholarship |  | Amount |  |
| Do you have any physical disability? | No □ Yes□ (……….%) |
| Siblings who are studying | …………….Primary ……………….Secondary………………… Master’s/Ph.D |
| FatherMother | Alive □ Deceased □Alive □ Deceased □ |
| Foreign Language | Beginner □ Intermediate□ Upper-intermediate □ Advanced□ |
| Computer Programmes |  |  |  |
| Work Experience | Company/Workplace | Duty | Duration | Reason of Leaving |
|  |  |  |  |
|  |  |  |  |
| Days /Time You Prefer to Work | Monday………….. Tuesday…………. Wednesday…………Thursday…………….. Friday………….. |
| References  | Full Name | Occupation | Telephone |
|  |  |  |
|  |  |  |

Date: Full Name: Signature: