 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 | | | | | | | | | | |
| Father  Mother | | 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: