

OMB CONTROL NUMBER: 0702-0133
OMB EXPIRATION DATE: XX-XXX-XXXX

EXCHANGE APPLICATION FOR EMPLOYMENT IN TURKEY
İŞE GİRİŞ TALEPNAMEİ

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0133, is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. §7013, "Secretary of the Army"; Title 10 U.S.C. §9013, "Secretary of the Air Force"; Army Regulation 215-8/AFI 34-211(I), "Army and Air Force Exchange Service Operations"; and Executive Order 9397 (SSN).

PRINCIPAL PURPOSE(S): This collection of information is necessary to process applications for Local National employment with the Army and Air Force Exchange Service within the vicinity of Turkey.

ROUTINE USE(S): Records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. This includes disclosure to Federal, State, local, territorial, tribal, international, or foreign agencies in connection with the hiring or retention of an employee. Application data may be verified by approved organizations such as First Advantage® for completion of applicant's background investigation.

DISCLOSURE: Voluntary. However, failure to provide all the requested information may result in the denial of your application.

SYSTEM OF RECORD NOTICE (SORN): AAFES 0403.01 "Application for Employment Files"; <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/Army-Article-List/>

INSTRUCTIONS:

1. Read or listen to any verbal instructions presented by the Exchange local Human Resource Associates/Manager.
2. Complete each area of the application in ink. Make sure the information is complete and accurate.
3. Sign and date the application.
4. Present the completed application to your local Exchange Human Resource office or to the individual who provided the application to you.



EXCHANGE
ARMY AND AIR FORCES EXCHANGE SERVICE
AAFES – TURKEY

İŞE GİRİŞ TALEPNAMEŞİ
APPLICATION FOR EMPLOYMENT
(MUST BE FILLED IN ENGLISH)
(İNGİLİZCE OLARAK DOLDURULACAKTIR)

Fotoğraf
Photograph

JVA# -----

1. ŞAHSİ MALÜMAT – Personal Information

Üsse Giriş İzni: Var: Yok:
(İşaretleyiniz)

TARİH / Date :

İsim Name	: Soyadı/Last Name	Adı/First Name	Göbek Adı/MNI	Doğum Tarihi Date of Birth	: Yaşı Age	: Cinsiyeti Sex
Adres Address	:			Doğum Yeri Place of Birth	:	
Tabiyeti Citizenship	: Telefon Telephone	:		Göz Rengi Color of Eyes	: Saç Rengi Color of Hair	: Ağırlık Weight
Teşhise yarayacak hususiyetler veya izler Scars or distinctive marks to help identification				:		

II. MEDENİ HALİ – Marital Status

Bekar Single	<input type="checkbox"/>	Evli Married	<input type="checkbox"/>	Dul Widow(er)	<input type="checkbox"/>	Boşanmış Divorced	<input type="checkbox"/>	Baba İsmi Father's Name	:	
Kaza vukuunda temas edilecek şahıs ve adresi Person to be notified in case of emergency								Anne İsmi Mather's Name	:	
İsim (Name)	:							Eş Spouse	:	
Adresi (Address)	:							Çocuklar Children	:	
Telefon (Telephone)	:							Akrabalık derecesi (Relationship)	:	

III. TAHSİL DURUMU – Education Okuduğunuz en yüksek sınıfı işaretleyiniz. – Circle highest school grade attended.

	İLKOKUL Primary School	ORTA OKUL Secondary School	LİSE High School	ÜNİVERSİTE College	Devam ettiğiniz mesleki ve hazırlayıcı okul veya kurslar. Other professional or preparatory schools or courses attended.							
İsmi Name												
Mahalli Location												
Seneler Years												
Mezuniyet Graduated												
YABANCI DİLLER - Foreign Languages					Kullandığınız araç ve makineler List of vehicles or machines you can operate	Ehliyet License						
İngilizce English	Anlarım Understand	<input type="checkbox"/>	Konuşurum Speak	<input type="checkbox"/>	Okurum Read	<input type="checkbox"/>	Yazarım Write	<input type="checkbox"/>	Mükemmel Perfect	<input type="checkbox"/>		
	“	<input type="checkbox"/>	“	<input type="checkbox"/>	“	<input type="checkbox"/>	“	<input type="checkbox"/>	“	<input type="checkbox"/>		
	“	<input type="checkbox"/>	“	<input type="checkbox"/>	“	<input type="checkbox"/>	“	<input type="checkbox"/>	“	<input type="checkbox"/>		

IV. TALEP ETTİĞİNİZ İŞ – Employment Desired

İstenilen vazife Position applied for	:		Talep edilen maaş Salary desired	:	
(Sadece bir pozisyon – one position only)			İhbar süresi Notice required	:	
Diğer ihtisaslar Also qualified as	:		Halen çalışıyorsunuzuz? Are you employed now	:	

V. ESKİ İŞVERENLER

En son işverenle başlayarak son altı işinizi yazınız.

FORMER EMPLOYERS

List below last six employers starting with the most recent

ÇALIŞMA MÜDDETLERİ TARİH, AY VE YIL Employment periods dates, month and year	İŞVERENİN ADI VE ADRESİ Name and address of employers	MAAŞ Salary	YAPTIĞINIZ İŞ Work Performed	AYRILIŞINIZIN SEBEBİ Reason for leaving
Tarihten: From				
Tarihe: To				
Tarihten: From				
Tarihe: To				
Tarihten: From				
Tarihe: To				
Tarihten: From				
Tarihe: To				
Tarihten: From				
Tarihe: To				
Tarihten: From				
Tarihe: To				

VI. REFERANS.

Asgari üç senedir tanımakta olduğunuz üç şahsı (akraba ve işverenler hariç) referans olarak gösteriniz.

REFERENCES.

List below the names of three persons other than relatives and employers whom you have known for at least three years

ADI - Name	ADRESİ - Address	İŞİ - Business	TANIŞMA SÜRESİ Years acquainted

VII. SIHHİ DURUMU - Physical record

Sihhi durumunuz iyimidir ? Are you in good health ?	:	
30 günden fazla hasta olduğunuzmu? Any illness over 30 days?	:	
Ameliyat olduğunuz mu? Ne ameliyatı ? Have you ever been operated on ? Type of operation ?	:	

VIII. SABIKA KAYDI - Police record

Hiç tutuklandınız mı? Have you ever been arrested ?	:	
Herhangi bir suçtan dolayı cezalandırıldınız mı? Have you ever been convicted of a crime ?	:	
Trafik cezası aldınız mı? Any traffic charges ?	:	

IX. ASKERLİK DURUMU - Military status

Askere duhul ve terhis tarihi : Dates drafted and discharged from military _____	Silahlı Kuvvetler: Armed Forces _____ Kara - Deniz - Hava: Army - Navy - Air Force	Sınıfı: Branch _____
Görev Yeriniz: Place of duty _____	Terhisteki rütbe: Rank held at discharge _____	

Yukarıda belirtilen bütün bilgilerin doğru olduğunu teyid ederim. Vermiş olduğum bütün bilgilerin tahkik edilmesine müsaade eder ve herhangi bir yanlış bilgilendirmeden dolayı derhal ipten çıkarılmama icap ettirecek bir durumun bütün sorumluluğunu kabul ederim.

I confirm that all information herein is true. I authorize investigation of all statements contained herein above, and I assume full responsibility for any misrepresentation of facts, which may cause my immediate dismissal.

Tarih
Date: _____İMZA
Signature: _____

