**APPLICATION FORM FOR OFFICE STAFF**



**Date:**

**Requested Job:**

|  |  |  |
| --- | --- | --- |
| **NAME AND SURNAME** | **DATE OF BIRTH AND PLACE** | |
| **MARITAL STATUS** | **MILITARY STATUS** | |
| **EDUCATION LEVEL** | **Foreign language and level** | |
| **SOCIAL INSURANCE ASSOCIATION NO** | **TURKISH REPUBLIC I.D. NO** | |
| **Competency Certificate & Expire date** **(if applicable)** | **EXPIRE DATE OF TURKISH SEAMAN BOOK HEALTH VISA**  **(If applicable)** | |
| **PASSPORT NO** | **EXPIRE DATE OF TURKISH SEAMAN BOOK POLICE VİSA** **(if applicable)** | |
| **EXPIRE DATE OF PASSPORT** | **ISSUE PORT & REGISTER NO TURKISH OF SEAMAN’S BOOK (if applicable)** | |
| **ISSUE PORT/ REG NUMBER/ EXPIRE DATE OF POLICE & HEALTH VISA** **OF SEAMAN’S BOOK (if applicable)**  **(Except the Turkish ones)** | | |
| **COMPETENCY & EXPIRE DATE (if applicable)**  **(Except the Turkish ones)** | | |
| **RESIDENCE ADDRESS** | | TEL :  TEL :    Mobile :  E-mail : |
| **INDIVIDUAL NAMES AND TEL NUMBERS FOR YOUR REFERENCE**  **1.**  **2.**  **3.**  **4.**  **5.** | | |

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| **Please write name of courses & trainings you attended related with your occupational needs.** |
| **Please write courses & trainings you attended other than occupational needs.** |

**Office staff applicants should attach his/her own Curriculum Vitae**

**List of the companies that you worked as a office staff / employee**

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| --- | --- | --- | --- | --- |
| **Name of the Company** | **Position** | **Industry** | **Working Period** | **Salary** |
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**Signature of the applicant**

**Certificates Required as per Company Requirements ;**

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| --- | --- | --- | --- |
| **No** | **Certificate** | **Issue Date** | **Validity** |
| **1** | Accident / Incident Investigation |  |  |
| **2** | Risk Assessment & Management of Change |  |  |
| **3** | ISM Internal Auditor Certificate |  |  |
| **4** | ISO 9001 Internal Auditor Certificate |  |  |
| **5** | ISO 14001 Internal Auditor Certificate |  |  |
| **6** | MLC |  |  |
| **7** | ISO 18001 Internal Auditor Certificate |  |  |
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**Company evaluation regarding applicant for office service;**

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| --- | --- | --- | --- | --- | --- | --- |
| **Applicant job title** | **MD** | **Fleet Manager** | **DPA** | ***Department Head*** | **HR Manager** | **Total Score** |
| Manager (.........................) |  |  |  |  |  |  |
| Superintendent (........................) |  |  |  |  |  |  |
| Supervisor (.........................) |  |  |  |  |  |  |
| Officer (.........................) |  |  |  |  |  |  |
| Others (….......................) |  |  |  |  |  |  |

**Score:** **The following office staff will confirm or refuse the applicant after interviewed so that their confirmation score will be as follow :**

MD has points between **0 - 30**

DPA has points between **0 - 25**

Related Department Manager has points between **0 - 25**

HR Manager **0 - 20**

**The applicant must have at least 60 points for beginning of his/her duty.**

**DEPARTMENTS’ COMMENTS FOR JOB APPLICANT**

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| **HR Manager:**  **Evaluator Sign:** |
| **Related Department Manager:**  **Evaluator Sign:** |
| **DPA** **:**  **Evaluator Sign:** |
| **MD :**  **Evaluator Sign:** |

**Note : This form will be filled for each applicant and will be kept in the personal file of the applicant.**