**EK-1**

…/… /2019

**T.C.**

**MESLEKİ YETERLİLİK KURUMU**

**İNSAN KAYNAKLARI VE DESTEK Hİ ZMETLERİ DAİRESİ BAŞKANLIĞINA**

**ANKARA**

4857 sayılı İş Kanununun 30 uncu maddesi gereği (engelli / terör malulü / eski hükümlü) gerçekleştirilen alımınıza başvurdum. Kurumunuzda .................................... pozisyonunda görev almak istiyorum. Gerekli evraklar ekte sunulmuştur.

Gereğini bilgilerinize arz ederim.

Saygılarımla,

Ad.Soyad/İmza

**Adres:**

**Telefon (Ev ve Cep):**

EKLER:

1)……

2)……

**EK-2**

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| **C:\Users\cemal.coskun\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\PTJNVGA9\myklogoisimsiz.png** |

**MESLEKİ YETERLİLİK KURUMU**

**ADAY BİLGİ FORMU**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Fotoğraf   |  |  | | --- | --- | | **Adı** |  | | **Soyadı** |  | | **T.C. Kimlik No** |  | | **Doğum Tarihi ve Yeri** |  | | **Baba Adı** |  | | **Başvurulan Pozisyon** |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Mezun Olunan Üniversite, Fakülte ve Bölüm** |  | | | | | | | | **Mezuniyet Tarihi** |  | | | | | | | | **YDS Puanı** |  | | | | | | | | **KPSS Puanı** |  | | | | | | | | **Askerlik Durumu** |  | | | | | | | | **Halen Çalışıyor mu? EVET HAYIR / MEDENİ HALİ:** | | | | | | | | | **Sosyal Güvenlik No:**  **(SSK-Em.San.-Bağkur)** |  | | | | | | | | **İş Deneyimi** **(Son çalışma yerinden başlayarak doldurulacaktır.)** | | | | | | | | | **İş Yerinin Adı-Unvanı** | **İşe Giriş Tarihi** | | | **İşten Ayrılma Tarihi** | | **Yapılan İşin Niteliği** | | |  |  | | |  | |  | | |  |  | | |  | |  | | |  |  | | |  | |  | | | **İletişim Bilgileri** | | | | | | | | | **Adres** |  | | | | | | | | **Telefon**  **(Ev ve Cep)** |  | | | | | | | | **E-posta** |  | | | | | | | | **Size ulaşamadığımız takdirde irtibata geçmemizi istediğiniz bir yakınınızın adı ve iletişim bilgileri** |  | | | | | | | |  |  |  |  | |  | |  | |   **Yukarıdaki bilgilerin doğru olduğunu taahhüt ederim. ..../…. /2019 İmza:** |

**Formu teslim alan görevli:**