**Personal Information**

|  |  |
| --- | --- |
| **NAME-SURNAME** |  |
| **DATE OF BIRTH** |  |
| **TELEPHONE** |  |
| **E-MAİL** |  |
| **ADDRESS** |  |

**Educational Information**

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| --- | --- | --- | --- |
| **DATE (START – FINISH)** | **INSTITUTION** | **FACULTY** | **SECTION** |
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**COURSE / PROGRAMME**

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| --- | --- | --- | --- |
| **DATE (START – FINISH)** | **INSTITUTION** | **RELATED SCHEME** | **CERTIFICATE** |
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**WORK EXPERIENCE**

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| --- | --- |
| **COMPANY NAME** |  |
| **ADDRESS** |  |
| **TEL – FAX - WEB** |  |
| **SCOPE OF COMPANY** |  |
| **ASSİGNED POSİTİON** |  |
| **DURATION** | STARTING DATE : (\_\_\_/\_\_\_/\_\_\_) ENDING DATE : (\_\_\_/\_\_\_/\_\_\_) |

(This part will be completed by ALBERK QA TECHNIC)

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| --- | --- | --- | --- |
| **WORK DURATION** | **YEAR MONTH** | **APPROPRIATE** | **NOT APPROPRIATE** |
| **ASSIGNMENT CODES** | **EA NACE** | **EA NACE** | **EA NACE** |

|  |  |
| --- | --- |
| **COMPANY NAME** |  |
| **ADDRESS** |  |
| **TEL – FAX - WEB** |  |
| **SCOPE OF COMPANY** |  |
| **ASSİGNED POSİTİON** |  |
| **DURATION** | STARTING DATE : (\_\_\_/\_\_\_/\_\_\_) ENDING DATE : (\_\_\_/\_\_\_/\_\_\_) |

(This part will be completed by ALBERK QA TECHNIC)

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| **WORK DURATION** | **YEAR MONTH** | **APPROPRIATE** | **NOT APPROPRIATE** |
| **ASSIGNMENT CODES** | **EA NACE** | **EA NACE** | **EA NACE** |

|  |  |
| --- | --- |
| **COMPANY NAME** |  |
| **ADDRESS** |  |
| **TEL – FAX - WEB** |  |
| **SCOPE OF COMPANY** |  |
| **ASSİGNED POSİTİON** |  |
| **DURATION** | STARTING DATE : (\_\_\_/\_\_\_/\_\_\_) ENDING DATE : (\_\_\_/\_\_\_/\_\_\_) |

(This part will be completed by ALBERK QA TECHNIC)

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| **WORK DURATION** | **YEAR MONTH** | **APPROPRIATE** | **NOT APPROPRIATE** |
| **ASSIGNMENT CODES** | **EA NACE** | **EA NACE** | **EA NACE** |

|  |  |
| --- | --- |
| **COMPANY NAME** |  |
| **ADDRESS** |  |
| **TEL – FAX - WEB** |  |
| **SCOPE OF COMPANY** |  |
| **ASSİGNED POSİTİON** |  |
| **DURATION** | STARTING DATE : (\_\_\_/\_\_\_/\_\_\_) ENDING DATE : (\_\_\_/\_\_\_/\_\_\_) |

(This part will be completed by ALBERK QA TECHNIC)

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| **WORK DURATION** | **YEAR MONTH** | **APPROPRIATE** | **NOT APPROPRIATE** |
| **ASSIGNMENT CODES** | **EA NACE** | **EA NACE** | **EA NACE** |

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| **COMPANY NAME** |  |
| **ADDRESS** |  |
| **TEL – FAX - WEB** |  |
| **SCOPE OF COMPANY** |  |
| **ASSİGNED POSİTİON** |  |
| **DURATION** | STARTING DATE : (\_\_\_/\_\_\_/\_\_\_) ENDING DATE : (\_\_\_/\_\_\_/\_\_\_) |

(This part will be completed by ALBERK QA TECHNIC)

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| **WORK DURATION** | **YEAR MONTH** | **APPROPRIATE** | **NOT APPROPRIATE** |
| **ASSIGNMENT CODES** | **EA NACE** | **EA NACE** | **EA NACE** |

Additional documents requested within this form which are:

1. Work Experience (Reference letters & service scheme belong to companies worked for, will be requested.)
2. Resume: Simple document includes working experience. This documents is going to be sent to all customers are going to be audited prior to audit to be investigated. Sector classification and Work experiences which its period more than 6 months, need to be written.
3. A copy of your graduation diploma/(s) and auditor course certificate(s) .
4. Audit log