|  |  |
| --- | --- |
| No.  | Registration date  |
|  |  |

[**EMPLOYMENT APPLICATION**](http://blanker.ru/)

PHOTO

|  |  |
| --- | --- |
| POSITION APPLIED FOR:  |  |
| Full name |  |
| Citizenship: |  |
| Date of birth: |  | Age |  |
| Place of birth |  |
| Residence address |  |
|  | (specify - city, street, building, apartment)  |
| Registration address |  |
|  | (specify - city, street, building, apartment)  |
| Phone |  |
| E-mail: |  |
| EDUCATION: |
|  | **Year of****admission /****graduation** | **Full name of****school**  | **Faculty (department),****branch of study, qualification** | **Average grade per diploma** | **Full time / part time**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| ADDITIONAL EDUCATION (courses, seminars, trainings, etc.) |
|  | **Period** | **Name** | **Organization's name** |
|  |  |  |  |
|  |  |  |  |
| **What related professions/skills do you have?** |
|  |  |
|

|  |
| --- |
| **Software skills**  |
|  |
|

|  |  |
| --- | --- |
| MS Word - |  |
| MS Excel - |  |
| MS PowerPoint - |  |
| MS Outlook - |  |
| MS Visio - |  |

 |

|  |  |
| --- | --- |
| ConsultantPlus- |  |
| Bitrix 24- |  |
| 1С - |  |
| SAPR TP (Computer-aided process design)- |  |
|  |  |

 |

|  |  |
| --- | --- |
| CAD systems- - |  |
|  ERP - |  |
| Primavera - - |  |
| MS Access -s  |  |

 |

**Foreign languages, level (advanced, intermediate, elementary):** |
| English | Russian | Kazakh | Others |  |
|  |  |  |  |  |

|  |
| --- |
| **WORK EXPERIENCE starting from the most recent job: OVERALL EXPERIENCE \_\_\_\_\_\_­­­­­**  |
|  | **Date of** | **Organization's name** |  |
| employment:  |  | Core activity:  |  |
| termination:  |  | Position: |  |
| Job description:  |
| Salary, its structure |
| Number of subordinates |
| Reason for leaving |
| Who can give references from this organization? (full name, position, phone) |
|  |
|  | **Date of** | **Organization's name** |  |
| employment:  |  | Core activity:  |  |
| termination:  |  | Position: |  |
| Job description:  |
| Salary, its structure |
| Number of subordinates |
| Reason for leaving |
| Who can give references from this organization? (full name, position, phone) |
|  |
|  |
|  | **Date of** | **Organization's name** |  |
| employment:  |  | Core activity:  |  |
| termination:  |  | Position: |  |
| Job description:  |
| Salary, its structure |
| Number of subordinates |
| Reason for leaving |
| Who can give references from this organization? (full name, position, phone) |
|  |
| **Other jobs** |
| Work period | Organization's name | Position, job description  |
|  |  |  |
|  |  |  |
|  |  |  |
| Schedule desired |  |
| Salary desired  |  |
| From what level of salary are you ready to start working in the company? |  |
| Can you travel if the job requires it?  | No - |  | Yes - |  | Other |  |
| **ADDITIONAL INFORMATION:** |
| Liable for military service  | No |  | Yes  |  |  |
| Military service:  | No |  | Yes  |  |  |  |  |  |  |
| Do you have a disability? | No |  | Yes  |  |  |
| Do you pay alimony? |  No |  | Yes  |  |  |
| Do you own a car?  |  No |  | Yes  |  |  |
| Driver's licence:  |  No |  | Yes  |  |  |
|  |
| **FAMILY** | Full name | Date of birth: | Education | Occupation (place of work, position, place of study) |
| Husband (wife) |  |  |  |  |
| Children |  |  |  |  |
| Are there any disabled people in the family? (date of birth) |  |
| Do you have any medical conditions? |  |
| Specify the phone number of the family member (in case of emergency) |  |

I hereby

1. confirm that information provided herein is correct.
2. give my consent to check the information I provided herein;
3. give my consent to the provision of information, its receipt by third parties, its processing by employees of Syrlasu LLP HR Department and other persons who have access to it;
4. give my consent to process, transfer and use my personal data necessary to create the candidate pool. I am aware that I may revoke my consent to the processing and use of my personal data. I am aware that in case of revocation of consent my data will be deleted from the candidate pool within one month from the date of submission of the revocation application.
5. confirm that I have been informed that this employment application will be reviewed to create the candidate pool.
6. ask you to review my application.

*Syrlasu LLP does not guarantee to employ you; everything depends on your professionalism, personal qualities and the company's need for the specialists of your qualification.*

|  |  |
| --- | --- |
| Please send this application to: | E-mail: e.shaimakova@syrlasu.com, the letter subject shall be as follows EMPLOYMENT APPLICATION NAME for position  |

Date "\_\_\_"\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 . Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_