**Employment Application**

**Institute for Basic Science (IBS)**

**Applicant’s No.:**

|  |  |
| --- | --- |
| Field Desired |  |
| Name |  | Date of Birth |  |
| Nationality |  | Passport No. |  |
| Gender |  | Marriage | Married/Single |
| Passport No. |  |
| Current Address : zip □□□-□□□ | Phone |  | Photo(3cm x 4 cm taken in the past 3 months) |
| Mobile |  |
| E-mail |  |
| Alternative Address: zip □□□-□□□ | Phone |  |
| Mobile |  |
| E-mail |  |
| Blood Type | Vision | Color Blindness | Disease | Disability |
|  | Left :Right : |  |  | Yes / No | Level:  |

**Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Educational Institution | Period | Major | Scores (/100) | Academic Degree |
| From(MM/DD/YY) | To(MM/DD/YY) |
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(Describe only high school or higher course and make sure to state the month, day, and year of the period.)

**Work Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution & Job Position | Period | Duties | Reasons for Resignation |
| From(MM/DD/YY) | To(MM/DD/YY) |
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(List careers to which you can submit documentation related starting from most recent experience. Make sure to state the month, day, and year of the employment period.)

**Language Proficiency**

|  |  |  |  |
| --- | --- | --- | --- |
| Foreign Language | Comprehension | Writing | Speaking |
| Excellent | Average | Basic | Excellent | Average | Basic | Excellent | Average | Basic |
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**License**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Grade | Issued by | Issued in |
|  |  |  |  |
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**Self Introduction**

\* List your research achievements and the title of the paper of your highest academic degree. (If you
have a doctorate degree, include the thesis of your master’s degree.) Describe in your own words your desired research areas or any personal information like previous work duties, special talents, or relevant work experiences.

(Use a separate attachment, if necessary.)

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|  |
| I am submitting an application for a position with IBS. I assure you that the application submitted does not contain false or misleading information and I, therefore, accept full liability and the consequences that would result from presenting false or misleading information.Sincerely,Date:Name and Signature: |