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| Bilkent-Logo | BİLKENT UNIVERSITY  DEPARTMENT OF FOREIGN LANGUAGES  06800 Bilkent, ANKARA, TURKEY  Telephone (+90 312) 290 5079 |

Full Name:

**Date:**

Please indicate the position(s) you are applying to by replacing the box(es) with 🗹

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| **Positions Available for Applicants**  **🞏 ENGLISH LANGUAGE PREPARATORY PROGRAM**  🞏 New entrant to ELT career  🞏 Early-career EFL/EAP instructor with qualifications (e.g. MA TEFL/TESL, TESOL, DELTA etc.)  🞏 Experienced EFL/EAP instructor  To apply to the Preparatory Program send your application form to [preprec@bilkent.edu.tr](mailto:preprec@bilkent.edu.tr)  For more information, you can visit [prep.bilkent.edu.tr/en](http://www.bilkent.edu.tr/~busel)  **🞏 ACADEMIC ENGLISH PROGRAM**  🞏 Experienced EFL/EAP instructor  To apply to the Academic English Program send your application form to [intrec@bilkent.edu.tr](mailto:intrec@bilkent.edu.tr)  For more information, you can visit <https://eng.bilkent.edu.tr/>  \*A relevant MA is a prerequisite for local candidates. |
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**1. Personal Details**

Please note that work permit procedures require the submission of date of birth, marital status and accurate personal details of you and your dependents, if an offer of employment is made.

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| --- | --- | --- | --- |
| Full Name: |  | Nationality:  *Other citizenships if applicable* |  |
| Title:  (Mr/Ms/Miss/Mrs) |  | Place/Country  of Birth: |  |
| Date of Birth:  (day/month/year) |  |  | |

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| Present Address (valid until): |  | | |
| Permanent Address: |  | | |
| E-mail: |  | Skype Username: |  |
| Home Telephone: |  | Mobile Telephone: |  |

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| Dependent | | Children | |
| Full Name: |  | Full Name(s) | Date of Birth |
| Date of Birth:  (day/month/year) |  |  |  |
| Place/Country of Birth: |  |  |  |
| Nationality: |  |  |  |
| Marital Status: |  |  |  |
| Education and  Qualifications: |  | | |

### 2. Degrees Obtained

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| University  (name and location) | Degrees with Subject/s  (university and postgraduate) | Dates  (month and year / from-to  full-time/part-time) |
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### 3. Teaching Qualifications Obtained\*

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| Institution  (name and location) | Qualifications (with subjects) | Dates  (month and year / from-to  full-time/part-time) |
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(\*) Please answer the following questions about your teaching qualification(s):

3a. How many hours of input did you receive?

3b. Was there a practical teaching component? What input and practice did it involve?

3c. Were you observed? Did you receive feedback? Did you observe others?

3d. What did the assessment component involve? (weighting of observations, assignments)

### 4. Other Qualifications/Training/Certificates

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| Institution  (name and location) | Qualifications (with subjects) | Dates  (month and year -- from-to  full-time/part-time) |
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##### 5. Present Employment

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| Employer’s Name: |  | Employer’s  Address: |  |
| Post Held: |  |
| Date Commenced:  (day/month/year) |  | Supervisor's E-mail: |  |
| Supervisor: |  | Supervisor's Phone: |  |
| Present Salary: |  | Supervisor's Fax: |  |
| Brief Description of  Duties: |  | | |
| Reason for Leaving: |  | | |
| Notice Required: |  | | |
| Leave Date:  (day/month/year) |  | | |

**6. Previous Employment Record**

* Please begin with most recent employment first
* Please include all employment (e.g. teaching placement/teaching assistantship/co-op/work placement)

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| Employer’s Name and Address  (please include name, title and e-mail of supervisor) | Details of Position Held  (e.g. subjects taught, age group, class size,  hrs taught per week) | Dates  (month and year -- from-to) |
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Continue on a separate sheet if necessary

**7. References:**

Please give the names and addresses of two professional referees including current and previous supervisors to be contacted in the final stage of the recruitment process. New graduates may also provide a professor as one of their referees.

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| Full Name: |  | Phone: |  |
| E-mail: |  | Fax: |  |
| Address: |  | | |
| Known in which capacity: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Phone: |  |
| E-mail: |  | Fax: |  |
| Address: |  | | |
| Known in which capacity: |  | | |

###### 8. Statement in Support of This Application

Please write in the box below in at least 350 words why you have applied to Bilkent University Department of Foreign Languages, which skills and abilities qualify you for the position you have applied for, what would you hope to gain personally and professionally and goals for future career.

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**9. Brief Teaching Philosophy**

Please write in the box below at least 200 words explaining your teaching philosophy.

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**10. Interests**

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**11. Languages**

Please state foreign languages spoken with level of ability, e.g. fluent, working knowledge, limited.

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**12. Health**

Please note that health related questions should be answered for employment in Turkiye for both work permit procedures and private health insurance coverage. All applicants should also agree to have job-related medical examinations, if an offer of employment is made.

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| - Please list any recent or chronic illness which may affect your ability to work. |

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| * Are you currently under medical supervision?   Yes / No:   * If yes, please give details. |

**13. Please Answer The Questions Below**

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| * Have you applied to Bilkent University before? Yes / No: * If yes, when: |

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| * How did you find out about this position? |

**14. For Local Applicants Only**

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| YDS Score:  (min. 85) | | or | PTE Academic Score:  (min. 81) | | or | iBT TOEFL Score:  (min. 102) |
| ALES Score:  (min. 70) | Cumulative GPA:  *Please state your expected GPA if you are in the final year of your degree.* | | | Have you completed your military service? Yes / No:  (for male applicants only) | | |

**15. Only For Applicants Whose Mother Tongue is Not English**

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| iBT TOEFL Score:  (min. 102) | or | PTE Academic Score:  (min. 81) | or | IELTS Score:  (min.7) |

**\*Please attach the relevant score report.**

**\*\* All test scores are valid for 2 years.**