Technische Universität Berlin

Faculty

Staff questionnaire

for

associate professors (Privatdozenten/Privatdozentinnen)
adjunct professors (außerplanmäßige Professoren/Professorinnen),
honorary professors (Honorarprofessoren/Honorarprofessorinnen)

Please ensure that all questions are answered legibly (e.g. in block capitals).

Please enter dates in full with day, month and year. Should a question not apply to you, then please answer "not applicable".

You may not derive any claims through the completion of this staff questionnaire.

When submitting the questionnaire, please include:

- certified transcripts or copies (not originals) of your examination certificates
- your resume

Please also apply for a criminal record certificate for a position in a public office in accordance with Section 30, subsection 5 of the Federal Central Criminal Register (BZRG).

To I	To be completed by the applicant												
1.	Family name												
2.	First name Natio								Nationality				
3.	Born on	day	mon	th	yea	ır	in			Residence per	mit		
										valid until			
4.	Address								Telephone) :			
									Email:	from			
5.	General se	condary	educatio	n						from		to	
	Secondary	Secondary school qualification											
	Further vocational education (e.g. vocational college, university of applied sciences, commercial college								mmercial college)				
	Category o	r name o	f school	or co	llege	in							
										from		to	
6.										from		to	
	Final avama			_4:									
	Final exam	ination o	quaiiiic	ation.									
Studies at a university or other institute of hig academy etc.)							f higher e	ducati	ion (includ	ing university of	fapp	lied sciences,	
	Type of study / subject									from		to	
										from		to	
	Final qualifi		passed on:										
7.	at (university, university of applied science etc.)												
	Diplom / de			at									
	Doctorate in												
	Habilitation				at								
	2nd State examination												
	State certifi	cation as	3					at					
		at											
		at											
											at		

Pr	evious employment										
	Please enter below in chronological order all employment undertaken since completing your school education and professional training. Please also include any periods of unemployment or military or alternative service.										
	Employer, public service employer, freelance employment, military or alternative service, unemployment etc.	Type of employment	Full-time employn (please appropri	nent tick as	from	to	Reason for termination of employment a) contract terminated by employer b) notice given by you c) contract expired d) annulment contract				
			yes no				e) other reason				
I un	data provided above is to the best of my kno derstand that my personal data is to be stored liment of its duties and in as far as this is requ	owledge complete and accurate. d in connection with the process of validating mulired for employment and statistical purposes.	ny employmo	ent as a pa	rt-time member of Un	iversity staff, in a	s far as the University is obliged to do so i				
Bei	rlin,					_					
		Signature (first		d							
		family na	ame)								