



APPLICATION FORM

Please answer in your own handwriting

Date

Employee#:	Division:	Position:	Status:
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Fill by Human Resource Department

Name:			
	(First Name)	(Middle Name)	(Last Name)

Current Address

City Postal Code Country

Telephone No. : Office Home

Cellphone Email Address

Permanent Address

City Postal Code Country

Telephone No. :

Where do you live ? own home rented house boarding house with parent

Others (specify)

Identification Card No. (KTP/Pasport*)

*) applied for expatriated employee

Sex Male Female Age Years

Date of Birth Place of Birth

Citizenship Religion

Civil Status : Single Married Widowed Separated

No. of Children No. of Dependents

EDUCATION RECORD :

Education	Name of School	City	Inclusive Date		Degree, if any	Major Course or Subject	Honors/ Rank	GPA (IPK)
			From	To				
Senior High School (SMA)								
Academy								
University								
Postgraduate / Advance Studies								
Others Courses								

Computer skills

English skills Low Medium Good Excellent

Other language

Low Medium Good Excellent



PROFESSIONAL MEMBERSHIP QUALIFICATION (CPA, CIA, CISA, Brevet etc.)

Name Profesional Association/ Organization	Dates/ Year Certification	Title of Certificate

RECORD OF EMPLOYMENT

	Present Employer	Past Employer 1	Past Employer 2	Past Employer 3
Name of Employer				
Address				
Nature of Business				
Immediate Supervisor (name and position)				
Your position/title				
Period of Employment (specify)				
Starting monthly Salary				
Present salary/ salary Upon leaving				
Reason for Leaving				

Have you ever been dismissed or suspended by your previous employers (s) ? If so, State date,
by which company and the case

REFERENCES

Give names and addresses of person/ contact number, preferably those in business or profession, who have known you for at least three years.

(Do not give names of former employer or relatives.)

Name	Address / Telephone	Occupation and Employer	Number of Years of Acquaintance
1			
2			
3			

Are you related to any partner or employee of this Firm ? if so, to whom?

Name referral in our employ

Were you involved in any administrative, civil or criminal case ? if so, please specify



Are you in a good health ? if not, please explain

Do you have any physical defects? if yes, please explain

Are you in pregnancy

What serious illnesses, operations or accidents have you had?*)

Have you applied to us before? *) If so, when Position

Have you taken our entrance test before? *) If so, when

For what position are you applying? When can you start?

Minimum monthly salary acceptable (Gross) : Rp.

*) if so, please indicated date/year.

Explain briefly below your reason (s) for applying with us and state why you believe you are qualified for the position you are applying:

I certify that the statements made in this application form are true and complete. I understand that any misrepresentation will be considered sufficient reason for withdrawal of an employment offer or subsequent dismissal if already been employed

Signature of Applicant

Date: