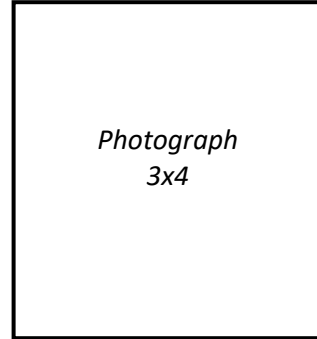




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NEW EMPLOYEE APPLICATION FORM

FORMULIR APLIKASI KARYAWAN BARU – (CALON KARYAWAN)



POSITION APPLIED FOR:

Posisi Yang Dilamar

PERSONAL PARTICULARS

Informasi Pribadi

Full Name <i>Nama Lengkap</i>			
Place & Date of Birth *wajib diisi <i>Tempat & Tanggal Lahir</i>			Religion: <i>Agama</i>
Sex <i>Jenis kelamin</i>	<input type="checkbox"/> Male (<i>Laki-Laki</i>) <input type="checkbox"/> Female (<i>Perempuan</i>)	Blood Type: <i>Golongan Darah</i>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> AB <input type="checkbox"/> O
Height <i>Tinggi</i> Cm	Weight: <i>Berat</i> Kg
ID Address <i>Alamat Sesuai KTP</i>	City: <i>Kota</i>	Postal Code : <i>Kode Pos</i>	
Present Address <i>Alamat Tinggal Sekarang</i>	City: <i>Kota</i>	Postal Code : <i>Kode Pos</i>	
Phone Number <i>No Telepon</i>	Mobile Number: <i>No HP</i>	WhatsApp: <i>No WA</i>	
Email Address <i>Alamat Email</i>			
House Status <i>Status Rumah</i>	<input type="checkbox"/> Own house (<i>Rumah Sendiri</i>) <input type="checkbox"/> Rented house (<i>Rumah Kontrakan</i>)	<input type="checkbox"/> With parents (<i>Bersama Orang Tua</i>) <input type="checkbox"/> Boarding house (<i>Kost</i>)	Since : <i>Sejak</i>
Identification Card No. <i>Nomor Identitas</i>	<input type="checkbox"/> Citizen ID Card (<i>KTP</i>) *wajib diisi No. <input type="checkbox"/> Driving License (<i>SIM</i>) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C, No. <input type="checkbox"/> Passport (<i>Paspor</i>) No.		
Nationality <i>Kebangsaan</i>			
NPWP Number <i>Nomor NPWP</i>	Jamsostek Number: <i>Nomor Jamsostek</i>		

FAMILY BACKGROUND & INFORMATION

Informasi & Latar Belakang Keluarga

Marital Status <i>Status Pernikahan</i>	<input type="checkbox"/> Single (<i>Lajang</i>)	<input type="checkbox"/> Married (<i>Kawin</i>)	<input type="checkbox"/> Divorce (<i>Cerai</i>)
Date of Marriage <i>Tanggal Pernikahan</i>			

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Company Name <i>Nama Perusahaan</i>		
Company Address <i>Alamat Perusahaan</i>	City: <i>Kota</i>	Postal Code : <i>Kode Pos</i>
Job Title: <i>Jabatan</i>	First Position <i>Jabatan Awal</i>	Period: <i>Periode</i>
	Latest Position <i>Jabatan Akhir</i>	Period: <i>Periode</i>
Direct Superior's Name <i>Nama Atasan Langsung</i>	Position: <i>Posisi</i>	
Subordinate Position <i>Posisi Bawahan</i>	1. 2. 3.	NoP: <i>Jumlah Bawahan</i>
Reason of Leaving <i>Alasan Keluar</i>		
Reference Letter <i>Surat Referensi</i>	<input type="checkbox"/> Yes (<i>Ada</i>) <input type="checkbox"/> No (<i>Tidak</i>)	
Company Name <i>Nama Perusahaan</i>		
Company Address <i>Alamat Perusahaan</i>	City: <i>Kota</i>	Postal Code : <i>Kode Pos</i>
Job Title: <i>Jabatan</i>	First Position <i>Jabatan Awal</i>	Period: <i>Periode</i>
	Latest Position <i>Jabatan Akhir</i>	Period: <i>Periode</i>
Direct Superior's Name <i>Nama Atasan Langsung</i>	Position: <i>Posisi</i>	
Subordinate Position <i>Posisi Bawahan</i>	1. 2. 3.	NoP: <i>Jumlah Bawahan</i>
Reason of Leaving <i>Alasan Keluar</i>		
Reference Letter <i>Surat Referensi</i>	<input type="checkbox"/> Yes (<i>Ada</i>) <input type="checkbox"/> No (<i>Tidak</i>) Reason/Alasan :	

Company Name <i>Nama Perusahaan</i>		
Company Address <i>Alamat Perusahaan</i>	City: <i>Kota</i>	Postal Code : <i>Kode Pos</i>
Job Title: <i>Jabatan</i>	First Position <i>Jabatan Awal</i>	Period: <i>Periode</i>
	Latest Position <i>Jabatan Akhir</i>	Period: <i>Periode</i>
Direct Superior's Name <i>Nama Atasan Langsung</i>	Position: <i>Posisi</i>	
Subordinate Position <i>Posisi Bawahan</i>	1. 2. 3.	NoP: <i>Jumlah Bawahan</i>
Reason of Leaving <i>Alasan Keluar</i>		
Reference Letter <i>Surat Referensi</i>	<input type="checkbox"/> Yes (<i>Ada</i>) <input type="checkbox"/> No (<i>Tidak</i>)	

FORMULIR


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Company Name <i>Nama Perusahaan</i>			
Company Address <i>Alamat Perusahaan</i>			
	City: <i>Kota</i>	Postal Code : <i>Kode Pos</i>	
Job Title: <i>Jabatan</i>	First Position <i>Jabatan Awal</i>	Period: <i>Periode</i>	
	Latest Position <i>Jabatan Akhir</i>	Period: <i>Periode</i>	
Direct Superior's Name <i>Nama Atasan Langsung</i>			Position: <i>Posisi</i>
Subordinate Position <i>Posisi Bawahan</i>	1.	NoP: <i>Jumlah Bawahan</i>	
	2.		
	3.		
Reason of Leaving <i>Alasan Keluar</i>			
Reference Letter <i>Surat Referensi</i>	<input type="checkbox"/> Yes (<i>Ada</i>) <input type="checkbox"/> No (<i>Tidak</i>)		

REFERENCE(S) CONTACT <i>Data Referensi</i>				
Name <i>Nama</i>	Company <i>Perusahaan</i>	Position <i>Position</i>	Relationship <i>Hubungan</i>	Phone No./Mobile <i>No telepon/HP</i>

COMPENSATION & BENEFIT <i>Kompensasi & Benefit</i>			
CURRENT SALARY <i>GAJI SAAT INI</i>		EXPECTED SALARY <i>GAJI YANG DIINGINKAN</i>	
Basic Salary <i>Gaji Pokok</i>	IDR (<i>Gross/Net</i>)	Basic Salary <i>Gaji Pokok</i>	IDR (<i>Gross/Net</i>)
Allowance(s) <i>Tunjangan</i>	1. 2. 3. 4. 5.	Allowance(s) <i>Tunjangan</i>	1. 2. 3. 4. 5.
Others <i>Lain-Lain</i>		Others <i>Lain-Lain</i>	



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OTHER INFORMATION <i>Informasi Lain-Lain</i>															
<p>Where do you get the information about the vacancy? <i>Darimana anda mendapatkan informasi mengenai lowongan pekerjaan</i></p> <p>.....</p> <p>.....</p>															
<p>Areas of Expertise <i>Area yang dikuasai</i></p> <p>.....</p> <p>.....</p>															
<p>Have you ever been : <i>Apakah Saudara pernah</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Heavy accident (<i>Kecelakaan berat</i>)</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> Yes (<i>Pernah</i>)</td> <td style="width: 25%; text-align: center;"><input type="checkbox"/> No (<i>Tidak</i>)</td> </tr> <tr> <td>Serious illness (<i>Penyakit serius</i>)</td> <td style="text-align: center;"><input type="checkbox"/> Yes (<i>Pernah</i>)</td> <td style="text-align: center;"><input type="checkbox"/> No (<i>Tidak</i>)</td> </tr> <tr> <td>Criminal action (<i>Tindakan kriminal</i>)</td> <td style="text-align: center;"><input type="checkbox"/> Yes (<i>Pernah</i>)</td> <td style="text-align: center;"><input type="checkbox"/> No (<i>Tidak</i>)</td> </tr> <tr> <td>Drug abuse (<i>Penyalahgunaan narkoba</i>)</td> <td style="text-align: center;"><input type="checkbox"/> Yes (<i>Pernah</i>)</td> <td style="text-align: center;"><input type="checkbox"/> No (<i>Tidak</i>)</td> </tr> <tr> <td>Unsolved legal dispute (<i>Perselisihan hukum yang belum selesai</i>)</td> <td style="text-align: center;"><input type="checkbox"/> Yes (<i>Pernah</i>)</td> <td style="text-align: center;"><input type="checkbox"/> No (<i>Tidak</i>)</td> </tr> </table>	Heavy accident (<i>Kecelakaan berat</i>)	<input type="checkbox"/> Yes (<i>Pernah</i>)	<input type="checkbox"/> No (<i>Tidak</i>)	Serious illness (<i>Penyakit serius</i>)	<input type="checkbox"/> Yes (<i>Pernah</i>)	<input type="checkbox"/> No (<i>Tidak</i>)	Criminal action (<i>Tindakan kriminal</i>)	<input type="checkbox"/> Yes (<i>Pernah</i>)	<input type="checkbox"/> No (<i>Tidak</i>)	Drug abuse (<i>Penyalahgunaan narkoba</i>)	<input type="checkbox"/> Yes (<i>Pernah</i>)	<input type="checkbox"/> No (<i>Tidak</i>)	Unsolved legal dispute (<i>Perselisihan hukum yang belum selesai</i>)	<input type="checkbox"/> Yes (<i>Pernah</i>)	<input type="checkbox"/> No (<i>Tidak</i>)
Heavy accident (<i>Kecelakaan berat</i>)	<input type="checkbox"/> Yes (<i>Pernah</i>)	<input type="checkbox"/> No (<i>Tidak</i>)													
Serious illness (<i>Penyakit serius</i>)	<input type="checkbox"/> Yes (<i>Pernah</i>)	<input type="checkbox"/> No (<i>Tidak</i>)													
Criminal action (<i>Tindakan kriminal</i>)	<input type="checkbox"/> Yes (<i>Pernah</i>)	<input type="checkbox"/> No (<i>Tidak</i>)													
Drug abuse (<i>Penyalahgunaan narkoba</i>)	<input type="checkbox"/> Yes (<i>Pernah</i>)	<input type="checkbox"/> No (<i>Tidak</i>)													
Unsolved legal dispute (<i>Perselisihan hukum yang belum selesai</i>)	<input type="checkbox"/> Yes (<i>Pernah</i>)	<input type="checkbox"/> No (<i>Tidak</i>)													
<p>Are you : <i>Apakah Saudara</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Smoking (<i>merokok</i>)</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> Yes (<i>Iya</i>)</td> <td style="width: 33%; text-align: center;"><input type="checkbox"/> No (<i>Tidak</i>)</td> </tr> <tr> <td>Pregnant (<i>hamil</i>)</td> <td style="text-align: center;"><input type="checkbox"/> Yes (<i>Iya</i>)</td> <td style="text-align: center;"><input type="checkbox"/> No (<i>Tidak</i>)</td> </tr> </table>	Smoking (<i>merokok</i>)	<input type="checkbox"/> Yes (<i>Iya</i>)	<input type="checkbox"/> No (<i>Tidak</i>)	Pregnant (<i>hamil</i>)	<input type="checkbox"/> Yes (<i>Iya</i>)	<input type="checkbox"/> No (<i>Tidak</i>)									
Smoking (<i>merokok</i>)	<input type="checkbox"/> Yes (<i>Iya</i>)	<input type="checkbox"/> No (<i>Tidak</i>)													
Pregnant (<i>hamil</i>)	<input type="checkbox"/> Yes (<i>Iya</i>)	<input type="checkbox"/> No (<i>Tidak</i>)													
<p>If you are accepted in this company, are you willing to guarantee your original diploma for Six months? <i>Sekiranya saudara diterima diperusahaan ini apakah saudara bersedia menjaminkan ijazah asli saudara selama Enam bulan?</i></p> <p><input type="checkbox"/> Yes (<i>Iya</i>) <input type="checkbox"/> No (<i>Tidak</i>)</p>															

- I certify that all datas given herein are true and complete to the best of my knowledge.
Saya menyatakan bahwa semua data yang diberikan adalah sebenar-benarnya.

- I authorize clarification of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
Saya mengizinkan untuk dilakukan klarifikasi terhadap pernyataan yang dibuat pada aplikasi ini sehubungan dengan kebutuhan pekerjaan dan keputusan kerja.

- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.
Sehubungan dengan pekerjaan, bahwa informasi palsu dan menyesatkan yang diberikan dalam form aplikasi dan wawancara dapat menyebabkan saya diberhentikan/dipecat.

Smg/Yog,

(Name)