



## APPLICATION FORM

Please read all the questions carefully and answer them thoroughly.  
All information given on this application will be treated confidentially.

**I.C. No.:**

### PERSONAL DETAILS

Full Name	
Sex	
Place, Date of Birth	
Religion	
Nationality	
Ethnic	
Marital Status	

Current Mailing Address:	Permanent Mailing Address:
<input type="checkbox"/> Own house <input type="checkbox"/> Rented house <input type="checkbox"/> Parents <input type="checkbox"/> Others	<input type="checkbox"/> Own house <input type="checkbox"/> Rented house <input type="checkbox"/> Parents <input type="checkbox"/> Others
Tel. No. (Off) (Res)	Tel. No. (Off) (Res)
(H/P) Fax.	(H/P) Fax.
E-mail:	E-mail:
Driver License: A/B/C No. Do you own a car: <input type="checkbox"/> Yes <input type="checkbox"/> No.	

### FAMILY AND ASSOCIATION DETAILS

Relationship	Name	Age	Last Education	Occupation
Father				
Mother				
Husband/Wife				
Child				
Brothers/Sister				

I have .... brother(s) and .... sister(s) and I am the ..... child in the family.



Is there any family or relatives working for PT Lion Mentari or PT Wings Abadi?  
 If yes, please give details in table below:

RELATIONSHIP	NAME	UNIT/DEPARTMENT	AREA/DISTRICT

## EDUCATIONAL BACKGROUND

From – To	Schools, Colleges, Universities	Major	GPA	Diploma (Yes/No)

## SEMINAR/COURSE/WORKSHOP

From – To (States dates)	Topic	Organizer & Location	Certificate (Yes/No)

## WORKING EXPERIENCE

*\* Please state in chronological order of your work experience beginning with the latest or present employment.*

Start Date – End Date	Company	Job Category



—Use Additional Sheet, if Necessary—

## EMPLOYMENT RECORD

Date of Employment: \_\_\_\_\_

Date Employment Ended \_\_\_\_\_

Company Name	
Address	
Business Line	
Current/Latest Position	
Report directly (Name/Position)	/
Number of Sub-Ordinates	_____ person(s)
Main Job Responsibility	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> <li>▪</li> <li>▪</li> </ul>
Achievement	<ul style="list-style-type: none"> <li>▪</li> <li>▪</li> <li>▪</li> </ul>
How did you get employed	(Through Advertisement, Recommendation, etc.)
Reason for leaving	
Last Drawn Salary	

## ADDITIONAL INFORMATION

### SPECIAL ACTIVITIES

From – To	Name of Organization	Place	Position

### SKILLS (Languages, Technical, Computer, etc)

TYPE OF SKILLS	LEVEL OF PROFICIENCY		
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced



### OTHER PERSONAL INFORMATION

What are you doing in your leisure time?
How often do you read? <input type="checkbox"/> Very often <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never
What is your point of interest?

Have you ever been charged or convicted of any criminal offence? Do you have any objections to a criminal record check being conducted?
Have you had any problem in any employment regarding dishonesty?
Have you been dismissed or suspended from any position? If so, state details:
Have you ever suffered from any serious medical condition eg. tuberculosis, diabetes, asthma or epilepsy? If YES, please explain the condition:
Have you ever experienced any physical or emotional illness which may impair your work performance? If YES, what is the nature of your illness?
Do you have any special medical needs? If YES, what is the nature of this requirement?

### REFERENCES

NAME	POSITION	COMPANY	ADDRESS/PHONE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS FORM AND UNDERSTAND THAT ANY CONCEALMENT OF INFORMATION OR FALSE STATEMENT MADE HEREIN WILL BE SUFFICIENT REASON FOR DISMISSAL.

SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_



## LAMPIRAN

### RIWAYAT PENDIDIKAN

SMA

SMK

Mata Pelajaran	Nilai Rata-rata			Total Rata-rata
	KELAS X	KELAS XI	KELAS XII	
Matematika				
Fisika				
Bahasa Inggris				

AKADEMI : IPK Terakhir \_\_\_\_\_

UNIVERSITAS : IPK Terakhir \_\_\_\_\_

### CHECKLIST KELENGKAPAN FORMULIR APLIKASI

- \_\_\_\_\_ Surat Lamaran (Tulis Tangan & Ber-materai 6000)
- \_\_\_\_\_ Surat Pernyataan
- \_\_\_\_\_ Curriculum Vitae/Data Pribadi
- \_\_\_\_\_ [Copy] Ijazah terakhir dan Transkrip Nilai
- \_\_\_\_\_ [Copy] Kartu Keluarga dan KTP
- \_\_\_\_\_ [Asli] Surat Keterangan Catatan Kepolisian (SKCK)
- \_\_\_\_\_ [Asli] Surat Bebas Narkoba
- \_\_\_\_\_ [Asli] Surat Keterangan Belum Menikah
- \_\_\_\_\_ [Asli] Surat Keterangan Tidak Buta Warna
- \_\_\_\_\_ Foto berwarna ukuran 4x6 dua lembar
- \_\_\_\_\_ Foto seluruh badan ukuran postcard (3R)