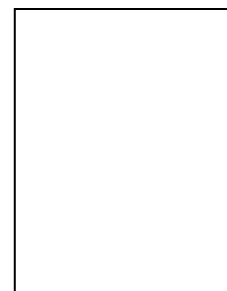




EMPLOYMENT APPLICATION



Post applied for _____

This form should be filled in block in applicant's own handwriting.

Please note that all questions should be answered and marked "NA" where not applicable.

Personal				
Full name (as in NRIC) Undersurname				Alias / other name (If any)
Permanent Address – please indicate : () Self-owned () Rented				Telephone (H) _____ (HP) _____
Passport No.	Date of Birth DD MM YY / /	Place of Birth	Citizenship	Sex Male () Female ()
KTP No.		Religion	Marital Status Single <input type="checkbox"/> Divorced <input type="checkbox"/>	
NPWP :			Married <input type="checkbox"/> Other (specific) _____	
National Service Status (Attach supporting documents)				
Family Give particular of your immediate family members and indicate your relationship with them				
Name	Age	Relationship	Occupation	Employer
Emergency Contact Person		Relationship	Address	Telephone (H) _____ (O) _____
Educational Attainments (Attach supporting documents)				
School / Institution Name / Country	From DD / MM / YY	To DD / MM / YY	Course / Major	Highest standard passed (Cert/Dipl/Degree)

Scholarship (If any)	Start Date DD / MM / YY	End Date DD / MM / YY	Course / Major	Indicated if Course is company sponsored		
Merit Award (If any)		Date	Content Award			
Courses currently attending Institution Name	Start Date DD /MM/YY	End Date DD /MM/YY	Course / Major	Indicate if Course is company sponsored		
Linguistic Proficiency (Tick as appropriate)						
Language / Dialect	Spoken			Written		
	Fluent	Fair	Poor	Fluent	Fair	Poor
Special Skills						
1. Typing speed : _____ wpm Shorthand speed : wpm _____						
2. PC software applications (specify) :						
3. Others (specify) :						
Professional Membership						
Name of Institute	Country	Membership Type			Member since	
Sport / Games :						
Hobbies / Interests :						
Employment History (Give details of your employment history beginning with the most recent employer)						
Current / Last Employment :						
Name / Address of Employer		Type of Business			Size of Company	
Last Job Title	Department	Supervisor's Job Title	From DD / MM / YY	To DD / MM / YY		
Job Title When Hired	Basic Salary Starting Last Drawn	AWS	Bonus	Profit Sharing	Other Allowances	
Duties and Responsibilities			Reason for leaving			

IMPORTANT! YOU ARE REQUIRED TO PRODUCE THE PAYSリップ OR CERTIFICATION OF SALARY OF YOUR LAST EMPLOYMENT

Previous Employment								
Name / Address of Employer			Type of Business		Size of Company			
Last job title		Department	Supervisor's Job title	From DD /MM/YY		To DD /MM/YY		
Job Title When Hired	Basic Salary Starting Last drawn		AWS	Bonus		Profit Sharing	Other Allowances	
Duties and Responsibilities				Reason for leaving				
Others Employers								
Name of Employer	Last Job Title	Reporting to	From DD /MM/YY	To DD /MM/YY	Basic Salary		Reason for leaving	
					Start	End		
Do you have any obligations to your present company in terms of bond, study loans, etc? *If yes, please specify : Yes / No *								
How did you know about this vacancy? Advertisement <input type="checkbox"/> Friends / Relatives <input type="checkbox"/> Employment Agency <input type="checkbox"/> *Others <input type="checkbox"/> *Please specify :								
Other Information								
1. Do you presently suffer or have you ever suffered from any physical impairment or disease including metal illness, deafness, handicap, etc ?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Have you ever been dismissed or discharged from the service of any company ?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Have you ever applied to our company before?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Do you have any family / friends currently employed in our company?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please specify Name / Relationship :								
5. Are you or were you ever a member of any club, community centre, youth group, society of any other organized group ?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

6. Are you pregnant now ? (Applicable to female applicants only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
7. Are you an union member in previous Company (Applicable to Executive position only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Minimum expected salary	Notice period required	Earliest start date		
References (To Be Completed)				
Name	Address	Telephone	Occupation	Years known
Declaration				
<p>I understand that any false statement made by me on this application or any supplement thereto will be sufficient ground for disqualification or dismissal if appointed. The willful suppression of any material fact will be similarly penalized.</p> <p>I authorize PT. Habco Primatama to make reference to all my past employers on my job performance. However, reference to my current employer may only be made with my prior permission so long as I am still in their employment.</p>				
<p>_____</p> <p>Applicant's Signature</p>		<p>_____</p> <p>Date</p>		