



(Recent Photo of
Applicant)

- Jl. Kayoon 42-44. Surabaya 60271
- L'Avenue Office Building Lt.25. Jl. Raya Pasar Minggu Kav. 16.
Pancoran – Pasar Minggu. Jakarta Selatan 12780

EMPLOYMENT APPLICATION FORM

1. General Information

Post Applied For :	Expected Salary :
Source of job post : (Job Portal / Social Media / Referenced by : _____)	Earliest available date : _____/_____/_____

2. Personal Particulars

Full Name :		Nick Name :	Sex : (M / F)
Address :		Email :	
		Phone No :	
Place & Date of Birth:	Marital Status :	Nationality :	Blood Type :
Citizenship Card No./KTP No. :	NPWP No. :	Twitter/FB/LinkedIN :	

3. Family Details

(Please provide details of spouse / children / parent / siblings below)

Name	Relationship	Date of Birth	Occupation	Marital Status
In case of emergency, please contact :				
Name :	Relationship :	Contact No :		

4. Proficiency in Languages / Dialects

Language/Dialects	Spoken (Please Tick)			Written (Please Tick)		
	Good	Fair	Slight	Good	Fair	Slight

5. Educational Details

Year		Educational Background	Name & Address of Institution Attended	Highest Qualification Obtained
From	To			
		High School		
		Diploma (D1/2/3/4)		
		Degree (S1)		
		Master (S2)		
		Other		

CONFIDENTIAL**6. Training / Courses / Professional Qualifications**

Year		Type/Subject of Training & Courses	Name of Institution	Certificate Available? (Y/N)
From	To			

7. Training / Courses / Professional Currently Pursuing

Year		Type/Subject of Courses	Name of Institution	Expected Qualifications
From	To			

8. Awards / Scholarships

Year		Award	Institution's Name of Presenting Award
From	To		

9. Organization Activities / Professional Membership

Year		Institution/Organization	Position Held / Activity
From	To		

10. Computer Literacy

Application Software / Programming Language	Description	Proficiency (please tick)		
		Good	Fair	Slight

11. Employment History**Present Employment :**

Recent Employment :			
From (dd/mm/yy):	To (dd/mm/yy):	Company Name:	Nature of Business:
Starting Position:	Last Position:	Duties & Responsibilities :	
Starting Salary:	Last Drawn:		
Other Remuneration/Allowances:		Reason for Leaving :	
Notice Period Required by Present Company :			

CONFIDENTIAL**Previous Employment :**

From (dd/mm/yy):	To (dd/mm/yy):	Company Name:	Nature of Business:
Starting Position:	Last Position:	Duties & Responsibilities :	
Starting Salary:	Last Drawn:		
Other Remuneration/Allowances:		Reason for Leaving :	

From (dd/mm/yy):	To (dd/mm/yy):	Company Name:	Nature of Business:
Starting Position:	Last Position:	Duties & Responsibilities :	
Starting Salary:	Last Drawn:		
Other Remuneration/Allowances:		Reason for Leaving :	

12. Current Position In Organization

In current employment, draw in the given space below, an organizational chart of department you are working in, indicating with a tick (v) the position currently held by you.	
No. of all staff in your present company :	No. of your subordinates / under supervision :
No. of staff members in your Department :	Other :

13. Medical History And Other Information

A.	Are you suffering from any physical disability or illness that requires you to be on medication for prolonged period If YES, please specify :	YES / NO
B.	Do You wear glasses ?	YES / NO
C.	Have you ever been detained, charged or convicted by court of law in any country? If YES, please specify :	YES / NO
D.	Have you ever been dismissed or suspended from employment? If YES, please specify :	YES / NO
E.	Are you willing to be travel outside Jakarta / Surabaya? If YES, please specify :	YES / NO
F.	Are you willing to be placed in outside Jakarta / Surabaya ? If YES, please specify which area do you prefer :	YES / NO
G.	Do you own a car / motorcycle ? If YES, please specify : _____	YES / NO
H.	Are you a member of BPJS Tenaga Kerja? If YES, please specify: No. _____ Branch : _____	YES / NO
I.	Have you ever applied before for a job in PT. Daikin Applied Solutions Indonesia? If YES, please specify the date : _____	YES / NO

J.	Do you have any relatives / friends working in PT. Daikin Applied Solutions Indonesia?			YES / NO
	If YES, please specify :			
	Name	Department	Relationship	
Add anything else which you fell may assist you in your application :				

(give particulars of 2 referees (Other than relatives))

1	Name :	Address/Contact No / E-mail :
	Job Title & Company Name :	
	No. of Years Known :	
2	Name :	Address/Contact No / E-mail :
	Job Title & Company Name :	
	No. of Years Known :	

(1) What kind of organization do you wish to work for ?

(2) What are your career objectives ?

(3) How do yo see your career developing over the next 3 years ?

<p>I hereby authorize the Company to verify any information provided by me in this application form as it deems fit. I understand that a misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal from the Company's service if I have been employed. I also understand that my employment is subject to being declared medically fit for employment by the Company appointed panel of doctors.</p>	
<p>_____ Signature of Applicant</p>	<p>_____ Date</p>