



INDIVARA

APPLICATION FORM

Position Applied: _____

Application Date: _____

Company: _____

*(Please fill up this form correctly and accurately. All Information will be kept in confidence)***Personal Particulars**

Name (Mr/Miss/Mrs)* _____

Address: _____

City:	Country:	Zip Code:
Home Tel No.:	Office Tel No:	Fax No.:
Mobile No.:	E-mail:	
Place of Birth:	Sex:	Nationality:
Date of Birth (d/m/y):	NRIC/KTP No:	Religion:
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Note: * Please Choose One that Apply		

Family Background (include yourself)

Relationship	Name	Sex (F/M)	Date of Birth	Last Education	Occupation	Remarks (active/retired)
Father		M				
Mother		F				
Sibling - 1						
Sibling - 2						
Sibling - 3						
Sibling - 4						
Sibling - 5						
Spouse						
Child - 1						
Child - 2						
Child - 3						

Emergency contact: _____

Education History

● Formal Education

Name of School & Location	Faculty	Major	Level	Period		Did You Graduate		GPA	Remarks
				From	To	Yes	No		
			High School						
			College						
			University						
			Post Graduate						
			Doctorate						
			Others						

Other Qualifications

- Other Specific Qualifications

IT Skills / Other skills

No	Software Application / Programming Language / Other Skills	Knowledge			Sources			Certified (yes/no)
		Basic	Intermediate	Advanced	Self-trained	Uni/School/ Training	On-Project	
1.								
2.								
3.								
4.								
5.								

Language (aside from Bahasa Indonesia & local dialects)

No	Language	Spoken			Written			Certified (yes/no)
		Basic	Intermediate	Advanced	Basic	Intermediate	Advanced	
1.								
2.								
3.								

<p><i>Hobbies, Sports and Areas of Interest</i></p>

Miscellaneous Information	
1. Name of the person(s) who prepared this report:	
2. Date of the report:	
3. Name of the person(s) who reviewed this report:	
4. Date of the review:	
5. Name of the person(s) who approved this report:	
6. Date of the approval:	
7. Name of the person(s) who signed this report:	
8. Date of the signature:	
9. Name of the person(s) who filed this report:	
10. Date of the filing:	
11. Name of the person(s) who distributed this report:	
12. Date of the distribution:	
13. Name of the person(s) who received this report:	
14. Date of the receipt:	
15. Name of the person(s) who stored this report:	
16. Date of the storage:	
17. Name of the person(s) who retrieved this report:	
18. Date of the retrieval:	
19. Name of the person(s) who destroyed this report:	
20. Date of the destruction:	

Where do you get the vacancy information (please tick where it applies):

Brochure	:	<input type="checkbox"/>	Vacancy from Career Center	:	<input type="checkbox"/>	Please specify: ...
Vacancy in Newspaper / Magazine	:	<input type="checkbox"/>	Relatives at Indivara Group (Please mention his/her name)	:	<input type="checkbox"/>	Please mention: ...
On-Campus Recruitment (Please specify which University)	:	<input type="checkbox"/>	Jobfair	:	<input type="checkbox"/>	Please mention: ...
Vacancy from internet (jobsdb/jobstreet)*	:	<input type="checkbox"/>	Other sources	:	<input type="checkbox"/>	Please specify: ...

Position Desired:	Expected Gross Salary Per Month (in Rp.)
Other Position Which You Are Qualified:	Have You Ever Applied For A Position in Our Company? <input type="checkbox"/> No <input type="checkbox"/> Yes, on 20... position of:

Do You Have Any Constrain in Overseas Travelling : *Short Term* ? ☐ No ☐ Yes *Long Term* ? ☐ No ☐ Yes

If Yes, Please specify the reason:

Do You Have Any Constrains for Out of Town Assignment: *Short Term*? ☐ No ☐ Yes *Long Term*? ☐ No ☐ Yes

If Yes, Please specify the reason:

Do You Have Any Constrain Working Over Time? ☐ No ☐ Yes If Yes, please specify the reason:

Please Signify Your Earliest Availability to Join : ☐ ASAP ☐ 1 month ☐ Others, please specify

Do You have Any Bond Service With Third Party ?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify :
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Do You have Any Plan to Migrate ? ☐ No ☐ Yes, please specify :

Employment History

[illegible]

Strength & Weakness

Please describe 3 of your strength:

Please describe 3 of your weakness (things to be improved):

Medical History

Any Physical Disability: ☐ No ☐ Yes Please Specify:

Any Specific Illness History: ☐ No ☐ Yes Please Specify:

Any Major Illness or Accident In Last Six Months ☐ No ☐ Yes Please Specify:

Do You Smoke? ☐ No ☐ Yes Since When:

References

Provide 3 References (Exclude Your Relatives); e.g. Previous Employer(s), Lecturer

Name	Occupation/Position	Company's Name	Telephone	Relationship	Years Known

Please Specify Why Do You Think You Are Suitable For This Position?

Why do you want to join Indivara Group?

Declaration

I have / have never been convicted on a criminal charge *

I have / have never taken and am presently not taking drugs *

I hereby certify that the above information as provided by me is true, complete, accurate to the best of my knowledge and I authorize the verification of any or all information as listed above. I further understand that any wilful act on my part in withholding information or making any false statement in this Employment Application is itself sufficient ground for dismissal from the Company.

Signature of Applicant

Date: ____ / ____ /20____

Note: * Please Choose One that Apply