**FORM : APPLICATION FORM – EMPLOYEE JOINING**

**APPLICATION FORM – EMPLOYEE JOINING**

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLYING OCCUPATION** |  | **DESIRED SALARY** | **IDR** |

* + 1. **BASIC INFORMATION**

Photo

Size

(3.5 x 4.5 cm)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | **Sex** |  | | **Age** |  |
| **KTP No.** |  | | **Marital Status** | | |  | |
| **Home Address** | |  | | | | | |
| **Current Address** | |  | | | | | |
| **e-mail** |  | | **Mobile No.** | |  | | |
| **NPWP No.** |  | | **BPJS No.** | |  | | |

* + 1. **ACADEMIC/EDUCATION STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Graduation**  **(dd-mmm-yyyy)** | **Registered School Name** | **Location** | **Specialty (or) Major** |
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* + 1. **FAMILY STATUS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relation** | **Birthday (dd-mmm-yyyy)** | **Cohabit**  **(Yes or No)** | **Mobile No.** |
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* + 1. **SKILL AUTHORIZED CERTIFICATES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Acquisition**  **(dd-mmm-yyyy)** | **Name of The Certificate** | **Issue Authority Name** | **Issue Location** | **Certificate No.** |
|  |  |  |  |  |
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* + 1. **SUMMARY OF CAREER STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name** | **Job Position** | **Period**  **(mm-yyyy ~ mm-yyyy)** | **Career**  **(year or month)** |
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* + 1. **SELF INTRODUCTION FOR APPLICATION**

|  |
| --- |
| **6.1 MOTIVATION REASON FOR APPLICATION**  **6.2 OTHERS (GROWTH BACKGROUND, FAMILY/HOME BACKGROUND, PERSONALITY)** |

* + 1. **POLICE STATEMENT (SKCK) AS ORIGINAL**

**I assure that the entire description above are true.**

**Signature**

**Name :**

**Date :**

**FORM : SUMMARY STATUS – EMPLOYEE CANDIDATES**

**SUMMARY STATUS – EMPLOYEE CANDIDATES**

1. **CANDIDATE INFORMATION (Religion : )**

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate Name** | **(male, female)** | **Discipline** |  |
| **Birthday** | **(Age : years month)** | **Position** |  |
| **KTP No.** |  | **Marriage Status** | **single, married** |
| **Last Education** | **Name :**  **Location :** | **Class Grade** |  |
| **Mobile No.** |  | **e-mail** |  |
| **Expected Salary** | **IDR** | **Career** | **years months** |

1. **STATUS - FAMILY AND ADDRESS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family Status** | | |  | **Address** | | |
| **Description** | **Number** | **Accompany** |  | **Description** | **Home** | **Current** |
| **Grand Parent** |  | **Yes, No** |  | **Island** |  |  |
| **Parent** |  | **Yes, No** |  | **State** |  |  |
| **Wife** |  | **Yes, No** |  | **City/Area** |  |  |
| **Son** |  | **Yes, No** |  | **House No.** |  |  |
| **Daughter** |  | **Yes, No** |  | **Post Code** |  |  |

1. **STATUS – DOCUMENT SUBMISSION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Before Hiring Announcement** | **Receiving**  **Status** |  | **After Hiring Announcement** | **Receiving**  **Status** |
| **Resume** |  |  | **Medical Check Up Result** |  |
| **KTP** |  |  | **Bank account Information** |  |
| **Photo (5EA, 3.5cm x 4.5cm)** |  |  | **Family Relation Certificate** |  |
| **SKCK** |  |  | **Tax ID Card (NPWP).** |  |
| **Academic Certificate** |  |  | **BPJS Ketanagakerjaan** |  |
| **Self Introduction** |  |  | **BPJS Kesehartan** |  |
|  |  |  | **Family Contact Point & No.** |  |

1. **SUMMARY OF AUTHORIZED SKILL CERTIFICATES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name Certificate** | **Certified Authority** | **Certificate No.** | **Certificate Date** |
|  |  |  |  |
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1. **INITIAL HIRED STATUS**

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| --- | --- | --- | --- | --- | --- |
| **Type of Hired** | **Permanent** |  | **Salary** | | |
| **Salary Type** | **All-In, Hourly** |  | **Monthly** | **Basic** | **IDR** |
| **Hired Contract No.** |  |  | **O/T Allowance** | **IDR** |
| **Position ID No.** |  |  | **Site Allowance** | **IDR** |
| **Company Join Date** |  |  | **Meal** | **IDR** |
| **Contract Finish Date** |  |  | **Transportation** | **IDR** |
| **Probation Period** |  |  | **Role Allowance** | **IDR** |
| **Work Location** |  |  | **Accommodation** | **IDR** |
|  |  |  | **Sunday/Holiday** | | **IDR / >=7hr** |
|  |  |  | **Hourly Rate** | | **IDR / Hr** |

1. **REWARD STATUS**

|  |  |  |
| --- | --- | --- |
| **Reward Name** | **Date** | **Result** |
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1. **DISCIPLINARY STATUS**

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| --- | --- | --- | --- |
| **Description** | **Date**  **(dd-mmm-yyyy)** | **Period**  **(Start to Finish)** | **Result** |
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1. **CHRONOLOGY STATUS AS EMPLOYEE**

**Please record all of status each Subject such as hiring, promotion, change of job location, job relocation/movement, and retirement (excluding reward and disciplinary action)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **Date** | | **Position** | **Work Location**  **or Project** |
| **Start** | **Finish** |
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**FORM : EMPLOYEE CONFIRMATION AND EMPLOYMENT APPROVAL**

**EMPLOYEE CONFIRMATION & EMPLOYMENT APPROVAL**

|  |
| --- |
| 1. EMPLOYEE CONFIRMATION   A1. Name :  A2. Signature Date : DD-MMM-YYYY  A3. Home Address :  A4. Current Address :  A5. KTP No. :  A6. Mobile (HP) No. :  I (Employee) has confirmed all matters in accordance with The Company’s (means PT. ACHIVON PRESTASI ABADI’s) human resources management standard regulations from the date of signing this agreement, and as a result, I assure that I will thoroughly perform and strictly comply with the tasks given and duties. In addition, I confirm that I will work very diligently without raising any objection in the overtime including working day and non-working day, special task and special work at the request of The Company, and I made signature above on this employee confirmation.  Signature  Name : |

|  |
| --- |
| 1. **EMPLOYMENT APPROVAL**   B1. Name :  B2. Signature Date : DD-MMM-YYYY  B3. Position :  I confirm that the above Employee has signed the confirmation of Section A, and approve the hiring of the Employee of Section A on behalf of The Company with the approval of The Company's Human Resources Director.  Signature  Name : |

**This Employee Confirmation and Employment Approval is surely officially delivered to The Company (PT. ACHIVON PRESTASI ABADI) and maintained and recorded by The Company.**

**PT. ACHIVON PRESTASI ABADI**

**FORM : NOTIFICATION TO EMPLOYEE HIRING**

**NOTIFICATION TO EMPLOYEE HIRING**

**Announcement No. :**

**Dear ,**

**We (PT. ACHIVON PRESTASI ABADI) appreciate you for participating in the hiring processing of our employees this time, and we herewith notify that you have been hired as a result of our employment processing, and the details are as follows.**

1. **MUSTER PLACE :**

1. **MUSTER DATE**

**7 days based on calendar working day commencing from the date of this announcement date**

1. **REQUIRED DOCUMENTS**

**C1. Medical Check Up Result**

**C2. Bank account for salary transfer**

**C3. Family Relation Certificate from Government Authority.**

**C4. Tax Identification Card (NPWP).**

**C5. Social Security Fund Identification Card (BPJS Ketanagakerjaan and Kesehartan).**

**C6. Contact point and number for One of Family Relations**

**(C1 ~ C5 by Color and C6 by written information)**

1. **SUBMISSION DEADLINE OF THE REQUIRED DOCUMENT**

**No later than 5 days commencing from the date of this announcement date**

1. **SUBMISSION TO**

**Human Resources Department**

**PT. ACHIVON PRESTASI ABASI**

**Attention :**

**E-mail :**

**Remark)**

**If you do not submit the documents by the above submission deadline, this hiring announcement will be invalid.**

**Announcement Date : DD-MMM-YYYY**

**Manager of Human Resources Management (company stamp)**

**PT. ACHIVON PRESTASI ABADI**

**FORM : STATEMENT - HUMAN RESOURCES ALLOCATION**

**ANNOUNCEMENT OF HUMAN RESOURCES ALLOCATION**

**Announcement No. :**

**Please be notified that human resources allocation (hiring, promotion, change of job location, job relocation/movement, retirement, and disciplinary action) will be implemented as follows.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Current Status** | | **Description Allocation** | **Initial Join Date**  **(DD-MMM-YYYY)** | **Allocation Date**  **(DD-MMM-YYYY)** |
| **Discipline** | **Position** |
|  |  |  |  |  |  |
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**The Human Resources Affair of the relevant human resources is based on the Allocation date, and if there is any change in the Allocation Date, the reason for the change must be submitted to the Human Resources Management Team within 3 days commencing from the date of this announcement through review and approval of the team manager.**

**Announcement Date : DD-MMM-YYYY**

**Manager of Human Resources Management (company stamp)**

**PT. ACHIVON PRESTASI ABADI**

**FORM : REQUEST FOR CHANGE OF EMPLOYEE ALLOCATION**

**REQUEST FOR CHANGE OF EMPLOYEE ALLOCATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **TEAM** | **App’d** | **MGR** |  | **HR TEAM** | **Rev’d** | **MGR** |  | **President** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. **EMPLOYEE INFORMATION FOR ALLOCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Discipline** |  | | **Position** |  | |
| **Name** |  | | **Work Location** | |  |
| **Summary for Company Allocation** | | **Description Allocation :**  **Required Allocation Date :** | | | |

1. **REASON STATEMENT**

|  |
| --- |
| A1. Statement by Employee Allocated |
| A2. Statement by Team Manager |

1. **ADJUSTMENT DATE AGAINST ALLOCATION SCHEDULE : DD-MMM-YYYY**

**Scheduling Details**

|  |  |
| --- | --- |
| **Description** | **Expected Time** |
|  |  |
|  |  |
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**For the above reasons, we would like to adjust the allocation of the relevant personnel, so please review and approve this adjustment of the allocation.**

**PT. ACHIVON PRESTASI ABADI**

**FORM : APPLICATION - LEAVE OF ABSENCE**

**APPLICATION - LEAVE OF ABSENCE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TEAM** | **Pre’d** | **Rec’d** | **Rev’d** | **MGR** |  | **HR TEAM** | **Rev’d** | **MGR** |  | **President** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **EMPLOYEE STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Discipline** |  | **Position** |  |
| **Name** |  | **Mobile No.** |  |

1. **DESCRIPTION OF LEAVE OF ABSENCE**

|  |  |
| --- | --- |
| **Period** | **From :** |
| **To : Total ( ) Days** |
| **Reason** |  |
| **Supporting**  **Evidence** |  |
| **Emergency**  **Contact Point** | **Mobile No. :**  **Relative :** |

1. **JOB HAND OVER DETAILS**

|  |  |
| --- | --- |
| **Job Description** | **Employee Name who Taking Over** |
| **Attachment with Electronic File)** | **Signature**  **Name** |
| **Attachment with Electronic File)** | **Signature**  **Name** |
| **Attachment with Electronic File)** | **Signature**  **Name** |

**As above, I am applying for a leave of absence, please approve this application.**

**DD-MMM-YYYY**

**SIGNATURE**

**APPLICANT :**

**PT. ACHIVON PRESTASI ABADI**

**FORM : APPLICATION - REHABILITATION**

**APPLICATION - REHABILITATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TEAM** | **Pre’d** | **Rec’d** | **Rev’d** | **MGR** |  | **HR TEAM** | **Rev’d** | **MGR** |  | **President** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **EMPLOYEE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Discipline** |  | **Date - Initial Join** |  |
| **Name** |  | **Date - Leave of Absence** |  |
| **Position** |  | **Date -Rehabilitation** |  |
| **KTP No.** |  | **Mobile No.** |  |

1. **STATEMENT OF REHABILITATION REASON**

|  |
| --- |
|  |

1. **SUPPORTING DOCUMENTS FOR REHABILITATION**

**(List below shall be attached in this Application – Rehabilitation)**

|  |
| --- |
|  |

**As above, I would like to return to work from a leave of absence, so please review and approve me to work.**

**DD-MMM-YYYY**

**SIGNATURE**

**APPLICANT :**

**PT. ACHIVON PRESTASI ABADI**

**FORM : APPLICATION - RESIGNATION**

**APPLICATION - RESIGNATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TEAM** | **Pre’d** | **Rec’d** | **Rev’d** | **MGR** |  | **HR TEAM** | **Rev’d** | **MGR** |  | **President** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **INFORMATION OF EMPLOYEE TO RESIGN**

|  |  |
| --- | --- |
| **Discipline** |  |
| **Name** |  |
| **Position** |  |
| **KTP No.** |  |

1. **JOB DESCRIPTION**

|  |
| --- |
|  |

**Date to resign : DD-MMM-YYYY**

**I apply for resignation for the reasons described above, and to ensure that no disruption to the company's work occurs due to my resignation and that there is no disadvantage to the company, I faithfully hand over all matters related to the duties performed during the company’s employment of me in detail, and to the date of resignation. We pledge to abide by confidentiality so that no disadvantages to the company occur for 3 years.**

**Submitted on DD-MMM-YYYY**

**SIGNATURE**

**APPLICANT :**

**PT. ACHIVON PRESTASI ABADI**

**FORM : EMPLOYEE CLEARANCE STATUS**

**EMPLOYEE CLEARANCE STATUS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SQUARD** |  |  |  |  |  | **HR TEAM** | **Rev’d** | **MGR** |  | **President** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **EMPLOYEE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Discipline** |  | **Position** |  |
| **Name** | **Signature** | **KTP No. &**  **Mobile No.** |  |

1. **STATUS OF CLEARANCE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **General Items** | | | **Safety & Quality**  **Related Items** | | | **Tools & Consumables**  **related Tools** | | |
| **Item** | **Q’ty** | **Status** | **Item** | **Q’ty** | **Status** | **Item** | **Q’ty** | **Status** |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |
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| **11** |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |  |  |

I, mentioned above, return the following items received from the company in my name to the company (including the status of the returned items when returning, it is impossible to transfer the items to another employee before the actual return, and it is not possible to hand over to another employee). I pledge that I will take full responsibility for any disadvantages, and that I will not raise any objection to the payments made in consideration of any payment such as salary, etc.

Signature

Name :

Date :

**FORM : CONFIRMATION FOR JOB HANDING OVER AND JOB TAKING OVER (RESIGNATION)**

**CONFIRMATION FOR JOB HANDING OVER & TAKING OVER**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TEAM** | **Pre’d** | **Rec’d** | **Rev’d** | **MGR** |  | **HR TEAM** | **Rev’d** | **MGR** |  | **President** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **DETAILS - RESIGNATION EMPLOYEE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Discipline** |  | | |
| **Name** | **Signature :** | | |
| **Position** |  | **Expected Date - Resignation** | **DD-MMM-YYYY** |
| **KTP No.** |  | | |

1. **REPORT & DESCRIPTION - HANDING OVER AND TAKING OVER**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Description** | **Employee Name**  **Taking Over** | **Date &**  **Signature** | **Details Attachment**  **(w/electronic file)** |
| **Overall Report – Handing Over** |  | **DD-MMM-YYYY** |  |
| **Job. 1** |  | **DD-MMM-YYYY** |  |
| **Job. 2** |  | **DD-MMM-YYYY** |  |
| **Job. 3** |  | **DD-MMM-YYYY** |  |

**To be continued below and the next page….**

**As described above, I confirm that I have been faithfully completed handing over of all matters related to the duties performed during the company’s employment of me in detail to the employee and/or the employees. and please review and approve it.**

**Submitted on DD-MMM-YYYY**

**SIGNATURE**

**APPLICANT :**

**PT. ACHIVON PRESTASI ABADI**

**FORM : DISCIPLINARY RESOLUTION SHEET**

**DISCIPLINARY RESOLUTION**

|  |
| --- |
| **Final Approval** |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Disciplinary**  **Employee** | **Name** | **Discipline** | **Position** |
|  |  |  |
| **Resolution**  **Result** |  | | |
| **Reasons of**  **Disciplinary** |  | | |
| **DD-MMM-YYYY**  **THE HUMAN RESOURCES COMMITTEE**  **PT. ACHIVON PRESTASI ABADI** | | | |
| **Chairman**  **(Name)** | **Signature** | **Commissioner**  **(Name)**  **Commissioner**  **(Name)**  **Commissioner**  **(Name)**  **Commissioner**  **(Name)** | **Signature** |

**FORM : EMPLOYEE EVALUATION**

**EMPLOYEE EVALUATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **HR TEAM** | **Rev’d** | **MGR** |  | **President** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. **EMPLOYEE INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Discipline** |  | **Position** |  | |
| **Name** |  | **Work Location** | |  |

1. **NAME OF EVALUATORS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team Subordinator** |  |  | **Discipline Manager** |  |
| **Team Superior** |  |  | **Director** |  |
| **Team Manager** |  |  | **Senor Director** |  |

1. **EVALUATION RESULTS BY EACH EVALUATOR**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Factor** | **Evaluation**  **(by marking)** | | | | | **Basis for judgment** |
| 1. **Coordination** | **S** | **A** | **B** | **C** | **D** |  |
| 1. **Communication** | **S** | **A** | **B** | **C** | **D** |  |
| 1. **Reporting** | **S** | **A** | **B** | **C** | **D** |  |
| 1. **Leadership** | **S** | **A** | **B** | **C** | **D** |  |
| 1. **Knowledge** | **S** | **A** | **B** | **C** | **D** |  |
| 1. **Professional** | **S** | **A** | **B** | **C** | **D** |  |
| 1. **Planning Capability** | **S** | **A** | **B** | **C** | **D** |  |
| 1. **Schedule Keeping** | **S** | **A** | **B** | **C** | **D** |  |
| 1. **Performance** | **S** | **A** | **B** | **C** | **D** |  |
| 1. **Personality** | **S** | **A** | **B** | **C** | **D** |  |
| **Overall Result and Opinion and Explanation (Written)** | | | | | | |