



HUMAN RESOURCES SYSTEM

CANDIDATE APPLICATION

APPLYING OCCUPATION		DESIRED SALARY	IDR
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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.			

2. ACADEMIC/EDUCATION STATUS

Graduation (dd-mmm-yyyy)	Registered School Name	Location	Specialty (or) Major

3. FAMILY STATUS

Name	Relation	Birthday (dd-mmm-yyyy)	Cohabit (Yes or No)	Mobile No.

4. SKILL AUTHORIZED CERTIFICATES

Acquisition (dd-mmm-yyyy)	Name of The Certificate	Issue Authority Name	Issue Location	Certificate No.

5. SUMMARY OF CAREER STATUS



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Company Name	Job Position	Period (mm-yyyy ~ mm-yyyy)	Career (year or month)

6. SELF INTRODUCTION FOR APPLICATION

6.1 MOTIVATION REASON FOR APPLICATION

6.2 OTHERS (GROWTH BACKGROUND, FAMILY/HOME BACKGROUND, PERSONALITY)

7. POLICE STATEMENT (SKCK) AS ORIGINAL

I assure that the entire description above are true.

Signed by

Name :

Date :



SUMMARY STATUS – EMPLOYEE

A. 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

B. STATUS - FAMILY AND ADDRESS

Family Status		
Description	Number	Accompany
Grand Parent		Yes, No
Parent		Yes, No
Wife		Yes, No
Son		Yes, No
Daughter		Yes, No

Address		
Description	Home	Current
Island		
State		
City/Area		
House No.		
Post Code		

C. CHECK LIST – DOCUMENT SUBMISSION

Before Hiring Announcement	Receiving Status
Resume	
KTP	
Photo (5EA, 3.5cm x 4.5cm)	
SKCK	
Academic Certificate	
Career Certificate (Proof Stamp)	
Self Introduction	

After Hiring Announcement	Receiving Status
Medical Check Up Result	
Bank Account Information	
Family Relation Certificate	
Tax ID Card (NPWP)	
BPJS Ketanagakerjaan	
BPJS Kesehantaran	
Family Contact Point & No.	

D. SUMMARY OF AUTHORIZED SKILL CERTIFICATES

Name Certificate	Certified Authority	Certificate No.	Certificate Date



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E. INITIAL HIRED STATUS

Type of Hired	Permanent
Salary Type	All-In, Hourly
Hired Contract No.	
Position ID No.	
Company Join Date	
Contract Finish Date	
Probation Period	
Work Location	

Salary		
Monthly	Basic	IDR
	O/T Allowance	IDR
	Site Allowance	IDR
	Meal	IDR
	Transportation	IDR
	Role Allowance	IDR
	Accommodation	IDR
	Sunday/Holiday	IDR / >=7hr
Hourly Rate		IDR / Hr

F. REWARD STATUS

Reward Name	Date	Result

G. DISCIPLINARY STATUS

Description	Date (dd-mmm-yyyy)	Period (Start to Finish)	Result

H. 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		



EMPLOYEE CONFIRMATION

A. 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 :

B. 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



HUMAN RESOURCES SYSTEM

NOTIFICATION TO NEW EMPLOYEE

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.

A. MUSTER PLACE :

B. MUSTER DATE

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

C. 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 Ketenagakerjaan and Keseharten).

C6. Contact point and number for One of Family Relations

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

D. SUBMISSION DEADLINE OF THE REQUIRED DOCUMENT

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

E. 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



HUMAN RESOURCES SYSTEM

ALLOCATION ANNOUNCEMENT

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			

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



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REQUEST - EMPLOYEE ALLOCATION

TEAM	App'd	MGR

HR TEAM	Rev'd	MGR

President

A. EMPLOYEE INFORMATION FOR ALLOCATION

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

B. REASON STATEMENT

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

C. ADJUSTMENT DATE AGAINST ALLOCATION SCHEDULE : DD-MMM-YYYY

Scheduling Details

Description	Expected Time

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



HUMAN RESOURCES SYSTEM

APPLICATION - LEAVE OF ABSENCE

TEAM	Pre'd	Rec'd	Rev'd	MGR

HR TEAM	Rev'd	MGR

President

A. EMPLOYEE STATUS

Discipline		Position	
Name		Mobile No.	

B. DESCRIPTION OF LEAVE OF ABSENCE

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

C. 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



HUMAN RESOURCES SYSTEM

APPLICATION – REHABILITATION

TEAM	Pre'd	Rec'd	Rev'd	MGR

HR TEAM	Rev'd	MGR

President

A. EMPLOYEE INFORMATION

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

B. STATEMENT OF REHABILITATION REASON

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C. SUPPORTING DOCUMENTS FOR REHABILITATION

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

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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



APPLICATION – RESIGNATION

TEAM	Pre'd	Rec'd	Rev'd	MGR

HR TEAM	Rev'd	MGR

President

A. INFORMATION OF EMPLOYEE TO RESIGN

Discipline	
Name	
Position	
KTP No.	

B. JOB DESCRIPTION

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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



HUMAN RESOURCES SYSTEM

EMPLOYEE CLEARANCE STATUS

SQUARD				

HR TEAM	Rev'd	MGR

President

A. EMPLOYEE INFORMATION

Discipline		Position	
Name	Signature	KTP No. & Mobile No.	

B. 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									
7									
8									
9									
10									
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 :



HUMAN RESOURCES SYSTEM

CONFIRMATION - HANDING OVER & TAKING OVER

TEAM	Pre'd	Rec'd	Rev'd	MGR

HR TEAM	Rev'd	MGR

President

A. DETAILS - RESIGNATION EMPLOYEE

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

B. 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



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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)	Signature
		Commissioner (Name)	
		Commissioner (Name)	
		Commissioner (Name)	



HUMAN RESOURCES SYSTEM

EMPLOYEE EVALUATION

HR TEAM	Rev'd	MGR	President

A. EMPLOYEE INFORMATION

Discipline		Position	
Name		Work Location	

B. NAME OF EVALUATORS

Team Subordinator		Discipline Manager	
Team Superior		Director	
Team Manager		Senor Director	

C. EVALUATION RESULTS BY EACH EVALUATOR

Factor	Evaluation (by marking)					Basis for judgment
1. Coordination	S	A	B	C	D	
2. Communication	S	A	B	C	D	
3. Reporting	S	A	B	C	D	
4. Leadership	S	A	B	C	D	
5. Knowledge	S	A	B	C	D	
6. Professional	S	A	B	C	D	
7. Planning Capability	S	A	B	C	D	
8. Schedule Keeping	S	A	B	C	D	
9. Performance	S	A	B	C	D	
10. Personality	S	A	B	C	D	
Overall Result and Opinion and Explanation (Written)						