SYNERGY specialist engineering	Form	Doc. No : FHRT-009
		Rev. No : 00
	EMPLOYMENT APPLICATION	Date : 01 Jan 2011
		Page : 1 of 3

Please kindly complete this form. Thank you for your attention and cooperation.

PERSONAL DATA

Name	
Gender	M / F
Place & Date of Birth	
Address (KTP)	
Address (current)	
KTP number	
Phone Number	Home
	Mobile
Religion	
Height & Weight	

Emergency Contact

Name	
Relation	
Address	
Phone Number	Home
	Mobile

EDUCATIONAL BACKGROUND

Degree	Year		Certificate	GPA	Organization Name (City/Location)
	Entry	Finish			
			Yes/No		
			Yes/No		
			Yes/No		
			Yes/No		
			Yes/No		

EXTERNAL COURSE

Degree	Year		Certificate	Organization Name (City/Location)
	Entry	Finish		
			Yes/No	
			Yes/No	
			Yes/No	
			Yes/No	

FAMILY DATA

Name	Gender	Place & Date of Birth	Details
Spouse:			
Child:			
1.			
2.			
3.			

Name	Relation	Address	Place & Date of Birth	Details
	Father			
	Mother			
	Brother/Sister			
	Brother/Sister			
	Brother/Sister			
	Brother/Sister			

EXTRA ORGANIZATIONAL ACTIVITIES / MEMBERSHIP

Period	Organization	Organization Type	Position

Critical Illness

Have you had any serious accidents in the past 3 (three) years	Yes / No
Any serious health condition	Asma / Bronchitis / TBC Lever / Hypertension / Diabetic Neural / Rheumatik / Cholesterol
Have you been hospitalized for any illness	Yes / No If Yes, mentioned the illness: Length of stay:

PLEASE LIST 2 REFERENCES OTHER THAN RELATIVES AND PREVIOUS EMPLOYERS

Name	Address	Position	Relation

Others:	
Position Desired	
Kind Of Work	Like :
	Dislike:

I declare that the above information is true.

Jakarta, _____ _____ _____

Applicant