

Application Form

POSITION APPLIED FOR :

PREFERRED LOCATIONS :

Please Complete This Form Properly

Personal Data

Full Name (same with ID Card) :

Nick Name :

Place of Birth :

State :

Country :

Date of Birth : / /

Gender : Male Female Blood Type

Status : Single Married, date / / Divorce

Religion :

Ethnic :

Citizenship : Indonesia Others

Height / Weight : Cm / Kg

E-mail Address :

Skype ID :

Hobby :

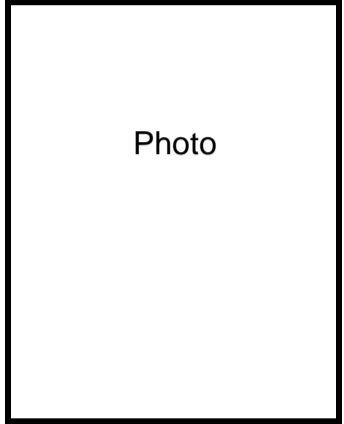
ID Card Number : Expired Date / /

Passport Number : Expired Date / /

License Number :
A
B1
C

NPWP Name : NPWP Number

NPWP Address :



Address (Original and Residential)

Original Address : (number & street)
(Same with ID Card)
Kelurahan : RT : RW:
Kecamatan : Zip Code
Province City
Country

Phone Number :

Handphone Number 1 :

Handphone Number 2 :

Residential Address : (number & street)
(Current Address)
Kelurahan : RT : RW:
Kecamatan : Zip Code
Province City
Country

Phone Number :

Family Members & Emergency Contact

Family Members

Relation	Name	Place of Birth	Date of Birth (dd/mm/yy)	M/F	Address	Occupation
Husband / Wife						
Children						
1						
2						
3						
4						
5						
6						
7						
Parents						
Father						
Mother						
Siblings (Including yourself)						
1						
2						
3						
4						
5						
6						
7						

Emergency Contacts (FAMILY MEMBER)

Full Name :

Date of Birth : Gender Male Female
dd mm yy

Place of Birth :

Relation : Sibling Parents Others

Address :

RT : RW:

Kelurahan :

Kecamatan : City

Province Country

Zip Code

Phone Number :

Handphone Number :

Company Name :

City :

Position :

Educational Background (CERTIFIED)

1. College Name :

Educational Degree : Associate Bachelor Master Doctor Others

Major :

City :

Years of Completed : until GPA :

dd mm yy dd mm yy

2. College Name :
 Educational Degree : Associate Bachelor Master Doctor Other
 Major :
 City :
 Years of Completed : until GPA :

Registration / License

Type	Registration / License Number	Exp. Date

Courses / Training

Subject	Institution	Period

Languages

Language	Read	Write	Speak	Listen

Organizations

Organization Name	Position	Period

Special Achievements (Local / National / International)

Subject	Year

Working Experiences (Start from your latest experience)

1
 Company Name :
 Latest Position :
 Period : until
 Reason for Leaving :
 Basic Salary : nett/gross
 Benefit : Car BPJS Medical Insurance Communication Allowance
 Meal Transport THR Bonus
 Placement Allowance Positional Allowance Others
 Company Address :
 City :
 Company Type : Public Company Private Company
 State Own Company Others
 Industry Type :
 Division :
 Superior Name :
 Superior Position :



2

Company Name : _____

Latest Position : _____

Period : until
dd mm yy dd mm yy

Reason for Leaving : _____

Basic Salary : _____ nett/gross

Company Address : _____

City : _____

Company Type : Public Company Private Company
 State Own Company Others _____

Industry Type : _____

Division : _____

Superior Name : _____

Superior Position : _____

3

Company Name : _____

Latest Position : _____

Period : until
dd mm yy dd mm yy

Reason for Leaving : _____

Basic Salary : _____ nett/gross

Company Address : _____

City : _____

Company Type : Public Company Private Company
 State Own Company Others _____

Industry Type : _____

Division : _____

Superior Name : _____

Superior Position : _____

Job Descriptions (Latest Position)

- 01. _____
- 02. _____
- 03. _____
- 04. _____
- 05. _____

Organization Chart (Latest Position)

Professional References (Must be filled)

Name	Company Name	Position	Contact Number	Relation

Medical History

Last Medical Check-Up :
dd mm yy

Medical Check-Up Type : Regular Check-Up Sickness
 General Check up Others

Place : Hospital
 Clinic
 Others

Allergic : Yes
 No

Have you had any serious illness / surgeries / accidents ? Yes
 No

Have you ever been hospitalized within the last 2 (two) years? Yes
 No

Smoking : Yes No

Eyes Condition : Silinder Minus Plus Others

Others

Strength	Weakness

Expected Monthly Salary

Expected Benefits

Expected Facilities

Availability 1 month notice Others
dd mm yy

I'm willing to have psychological test & medical check-up Yes No

Have you ever been involved in criminal case ? Yes No

If you have, when is it?

What is the biggest failure in your life?

What is the biggest success in your life?

What usually causes stress to you? How do you manage it?

Have you ever been through any recruitment process in Siloam Hospitals Group and its subsidiaries?
 If you have, when is it?

Do you have any family or friend who is working within Siloam Hospitals Group and its subsidiaries?
 If you have, please provide us with the details! (Name, Occupation, Relation, and unit)

Do you agree to be located anywhere in Indonesia ? Yes No
 If yes, please mention the preferred cities of region ?

Where did you get the information of job opportunities of this company?

Declaration

I hereby certify that the above statements are true and correct; and that this application form is completed to the best of my knowledge.
 I understand that if employed, falsified statements or any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

Signature

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