

INTERNSHIP APPLICATION FORM

A. PERSONAL I	PART	ricui	LAR																										
1. Personal Info	rmat	ion																											
Full Name	:																			Nick	Nam	e :	_						
ID Card Number	:																												I
Marital Status	:		Sin	gle			Mar	ried			v	Vidov	ved,	/Divc	rced				Gend	der	:		N	∕lale			Fem	ale	
Religion	:		Мо	slem			Cath	olic			c	hristi	ian			Buc	ddhi	st			Hind	du			Othe	er:			
Place of birth	:											[Date	of b	irth	:				/				/					
Address	:																	d	d	-	m	m		-	У	У	У	У	_
(domicile)																													
		City	:																	Zip	Code	:							$\overline{1}$
		Tel.			1		1] ₋		ı	ı	T			I	Ι	T			<u> </u>	7		_			·			_
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Mailing Address	:		Dor	nicile .	Addr	ess			Add	dress	stat	ed ir	ı ID	Card															
Email Address (1)	:													Ema	il Ad	dress	(2)		:										
Mobile Number (1) :											\exists		Mol	oile N	umb	er (2))											
(-	,																(-	-,	-										
2. Family Memb	ers	spou	se a	nd ch	ildre	n)																							
Family				Name	<u> </u>			M/F	-	Date	of	Birth			Edu	catio	n		(Occu	patio	n an	d N	ame	of E	mplo	yer/s	Scho	ol
Spouse																													
1 st Child																													
2 nd Child																													
3 rd Child																													
4 th Child																													
5 th Child																													
3. Family Memb	ers (pare	nts a	and si	bling	gs, in	cludir	ng yo	u)									•											
Family				Name)			M/F	-	Date	of	Birth			Edu	catio	n		1	Occu	patio	n an	d N	ame	of E	mplo	yer/s	Scho	ol
Father																													
Mother																		\sqcap											
1 st Child																													
2 nd Child																													

3 rd Child								
4 th Child								
5 th Child								
6 th Child								
7 th Child								
B. EDUCATION, S	B. EDUCATION, SKILLS, AND ORGANIZATION EXPERIENCE							
1. Formal Education	on (from high school)							
Education	Institution Name			City	Major	From (year)	To (year)	

Education	Institution Name	City	Major	From (year)	To (year)

2. Informal Education and Course

Course Type	Institution Name	City	From (mm/yy)	To (mm/yy)

3. Language, Skills, and Interests

Language	Spoken*	Written*

Skills	Level*

Interests	Level*

4. Organization Experience

Type of Activity	Organization Name	Title/Position	City	From - To (year)

C. JOB EXPERIENCE

1. List your job experience, starting from current or latest company:

From (mm/yy)	To (mm/yy)	Company Name	City	Position	Reporting To	Salary	Reason for leaving

^{*}put High, Medium, or Low

2. Please describe yourse	If briefly and what motivates	you:				
D. ADDITIONAL INFORM	MATION					
1. References						
Do you have any objection if	we seek reference from your curr	ent employer?	Y6	es	No	
Do you have any objection if	we seek reference from your prev	vious employers	? Ye	es	No	
Please mention your former	supervisors and colleagues to who	om we can ask f	or reference:			
Name	1		Title/Position	l NA	obile Number	Relationship
Name	Company Name		Title/Position	IVIC	Dolle Nullibei	Relationship
2. Please mention your re	elatives who work at PT Friside	ea Tech Indon	esia and any other In	surance Com	npanv. it anv:	
	elatives who work at PT Frisido					
2. Please mention your re	elatives who work at PT Friside		esia and any other In Title/Position		obile Number	Relationship
						Relationship
						Relationship
						Relationship
						Relationship
	Company Name					Relationship
Name	Company Name		Title/Position	Mo		
Name 3. Emergency Contact Da	Company Name			Mo	obile Number	Relationship Relationship
Name 3. Emergency Contact Da	Company Name		Title/Position	Mo	obile Number	
Name 3. Emergency Contact Da	Company Name		Title/Position	Mo	obile Number	
Name 3. Emergency Contact Da	Company Name		Title/Position	Mo	obile Number	
Name 3. Emergency Contact Da Name 4. Others	ta Address		Title/Position	Mo	obile Number	
Name 3. Emergency Contact Da Name 4. Others Please answer the following	ta Address questions:		Title/Position	Mo	obile Number	
Name 3. Emergency Contact Da Name 4. Others Please answer the following What do you do in your leisu	ta Address questions:		Title/Position	Mo	obile Number	
Name 3. Emergency Contact Da Name 4. Others Please answer the following	Company Name ta Address questions: re time?		Title/Position	Mo	obile Number	

Please answer "Yes" or "No" in the "Yes/No"column, and put the details requested in "Details" column. If the space provided is not sufficient, please write at the back of the paper. Yes / No Details Have you ever been charged or convicted in a court of law in any country? If yes, please explain why, where, and what the charge is. Have you ever been detained by police in any country?

If yes, please explain why, where, and how long.	
Have you ever been dismissed, discharged, or suspended from employment?	
If yes, please explain why and in which company.	
Do you have any physical disability?	
If yes, please explain the details of the disability.	
Do you or did you have any contagious illness such as TBC, Hepatitis, etc.?	
If yes, please explain what it is, the treatment, the doctor/hospital, and when.	
Have you ever been hospitalized or suffered serious illness?	
If yes, please explain what it is, the treatment, the doctor/hospital, and when.	
Are you currently under the medical care of a doctor or hospital?	
If yes, please explain what it is, the treatment, the doctor/hospital, and since when.	
Have you ever applied for a job in PT Frisidea Tech Indonesia?	
If yes, please explain when, what the position is, and the process you went through.	
Do you have own business or work for other organization/company?	
If yes, please explain what the position/business is, and since when.	
I consent to PT Frisidea Tech Indonesia seeking further information from any person or instituti explanation above. I declare that all information given herein is true and correct. I understand that any misrepreser	
cause for withdrawal of employment offer or, if employed, dismissal without notice from the co	ompany.
Signed in: Date: d d d m	m / y y y y
(Signature and full name of applicant)	