



Angkasa Training Center

APPLICATION FORM

Please read all the questions carefully and answer them thoroughly.
All information given on this application will be treated confidentially.

I.ATC. No.:

PERSONAL DETAILS

Full Name	
Place, Date of Birth	
Email	
Home Phone	
Mobile Phone	
Address	<input type="checkbox"/> Own House <input type="checkbox"/> Rented House <input type="checkbox"/> Parents <input type="checkbox"/> Others

FAMILY AND ASSOCIATION DETAILS

Relationship	Name	Age	Last Education	Occupation
Father				
Mother				
Brothers/Sister				



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Is there any family or relatives working for PT Lion Group? If yes, please give details in table below:

RELATIONSHIP	NAME	UNIT/DEPARTMENT	AREA/DISTRICT

EDUCATIONAL BACKGROUND

From – To (Year)	Name Schools, Colleges, Universities	Major	GPA

SKILLS (Languages, Technical, Computer, etc)

TYPE OF SKILLS	LEVEL OF PROFICIENCY		
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced



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OTHER PERSONAL INFORMATION

What are you doing in your leisure time?
How often do you read? <input type="checkbox"/> Very often <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely <input type="checkbox"/> Never
What is your point of interest?

Have you ever been charged or convicted of any criminal offence? Do you have any objections to a criminal record check being conducted?
Have you had any problem in any employment regarding dishonesty?
Have you been dismissed or suspended from any position? If so, state details:
Have you ever suffered from any serious medical condition eg. tuberculosis, diabetes, asthma or epilepsy? If YES, please explain the condition:
Have you ever experienced any physical or emotional illness which may impair your work performance? If YES, what is the nature of your illness?
Do you have any special medical needs? If YES, what is the nature of this requirement?

REFERENCES

Refrence From (Brochure, Internet, Family, Friend, Other) :

I AUTHORIZE INVESTIGATION ALL STATEMENTS CONTAINED IN THIS FORM AND UNDERSTAND THAT ANY CONCEALMENT OF INFORMATION OR FALSE STATEMENT MADE HERIN WILL BE SUFFICIENT REASON FOR DISMISSAL.

SIGNATURE: _____

DATE _____