

**Contact Email** 

# APPLICATION FORM ON THE JOB TRAINING PROGRAM

Photo 3X4

| INSTRUCTIONS: Please accomplish this form by fill up a | all blan | oks. Please make sure that all written in English and be concise. |
|--|----------|---|
| Position applied:  Civil Engineer  Personal Data       | ] Arc    | chitecture Mechanical Engineer Electrical Engineer                |
| Full Name  | :        |   |
| Place of Birth,<br>Date of Birth ( dd/mm/yyyy)         | :        |   |
| Nationality  | :        |   |
| Gender   | :        | Male / Female *   |
| Marital Status   | :        | Single / Married *  |
| Residential Address -                                  | :        |   |
|  |          |   |
| Contact Address  | :        |   |
|  |          |   |
|  |          |   |
| Email Address  | :        |   |
| Contact Number   | :        | Mobile :  |
| Alternative Contact Person                             | :        |   |
| Alternative Contact Address                            | :        |   |
|  |          |   |
|  |          |   |
| Contact Number   | :        | Mobile :  |



## **Education and Training (Sort by Latest Education)**

#### 1.Formal Education

|        | Per                  | riod               |                      |               |     |
|--------|----------------------|--------------------|----------------------|---------------|-----|
| Degree | From<br>(Month/Year) | To<br>(Month/Year) | Institution/Location | Faculty/Major | GPA |
|        | 1                    | /                  |                      |               |     |
|        | /                    | /                  |                      |               |     |
|        | /                    | /                  |                      |               |     |

#### 2. Informal Education

| Institution / | Period            |                    |                   | Certificate |  |
|---------------|-------------------|--------------------|-------------------|-------------|--|
| Location      | From (Month/Year) | To<br>(Month/Year) | Type of Education | (Yes/No)    |  |
|               | /                 | /                  |                   |             |  |
|               | /                 | /                  |                   |             |  |
|               | /                 | /                  |                   |             |  |

#### 3. Certificate ( If any ):

| Certificate   | Year | Score |
|---------------|------|-------|
| TOEFL / IELTS |      |       |
|               |      |       |
|               |      |       |
|               |      |       |

#### **Computer Literacy**

| Programs  | (Yes/No) |
|-----------|----------|
| MS Office |          |
| CAD       |          |
| ETABS     |          |
| SAP       |          |
| Others    |          |

#### 4. Language Proficiency

| Language | Listening<br>(Basic/<br>Intermediate/Fluent/<br>Native) | Reading<br>(Basic/<br>Intermediate/Fluent/<br>Native) | Writing<br>(Basic/<br>Intermediate/Fluent/<br>Native) | Speaking<br>(Basic/<br>Intermediate/Fluent/<br>Native) |
|----------|---|---|---|--|
|          |   |   |   |  |
|          |   | *   |   |  |

### **Achievements**

| Type of Activities | Achievement | Institution Name (If any) | Period |
|--------------------|-------------|---------------------------|--------|
|                    |             |                           |        |
|                    |             |                           |        |
|                    |             |                           |        |



# Organization Experience (include internship)

|                      | Peri                 | od                 |          | Type of              |
|----------------------|----------------------|--------------------|----------|----------------------|
| Organization         | From<br>(Month/Year) | To<br>(Month/Year) | Position | Organization         |
|                      | 1                    | 1                  |          |                      |
| Key Responsibilities |                      |                    |          |                      |
|                      | Peri                 | od                 |          | T                    |
| Organization         | From<br>(Month/Year) | To<br>(Month/Year) | Position | Type of Organization |
|                      | /                    | 1                  |          |                      |
| Organization         | Period To            |                    | Position | Type of Organization |
|                      | Peri                 | od                 | Position | Type of Organization |
| Organization         | (Month/Year)         | (Month/Year)       |          |                      |
|                      | 1                    | /                  |          |                      |
| Key Responsibilities | Peri                 |                    |          |                      |
| Organization         | From (Month/Year)    | To (Month/Year)    | Position | Type of Organization |
|                      | /                    | 1                  |          |                      |
|                      | /                    |                    |          |                      |

I understand and accept all the conditions under the Information of On the Job Training Program in 2015, and hereby apply for this program.

**Date of Application** 

<u>Signature</u>

Applicant's name (Letter of Capital)