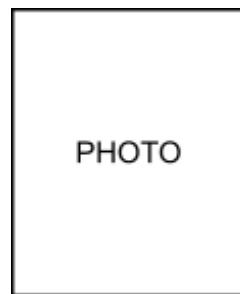


Kindly download and make a copy of this form before editing. For submission, uploading a .docx version is recommended.

CURRICULUM VITAE



Name :
Gender : Male/Female*
Place of birth :
Date of birth :
Nationality :
Address :
City :
Phone number :
E-mail :
Social Media :
Hobby :
Religion :
Weight : _____ kg Height : _____ cm
Marital Status :
:

FAMILY INFORMATION

	Name	M/F	City, Date of Birth	Education	Job
<i>Write according to the order of siblings in the family, including your name. If a family member has died, write down the (RIP) behind his name.</i>					
<i>Father</i>					
Father					
Mother					
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					
<i>Fill in the bottom if you are married*</i>					
Husband/Wife					
Child 1					
Child 2					
Child 3					

Formal Education

Please enter the full name of your university as stated in official records (e.g., Universitas Indonesia, not UI)

Stage	Name	Major	Entry Year	Graduate year	GPA
Elementary					
Junior High School					
Senior High School					
Diploma Degree	Choose... ▾				
Diploma Degree (Other)					
Bachelor's Degree	Choose... ▾				

Bachelor's Degree (Other)					
Bachelor overseas					
Master's Degree	Choose...				
Master's Degree (Other)					
Master overseas					
Doctoral Degree	Choose...				
Doctoral Degree (Other)					

Non-Formal Education (Courses, Lessons, Training)

Name of Education	Year	Duration	Diplomas / Certificates / Description	Financed by

Foreign Language Skills:

1. (Active / Passive)
2. (Active / Passive)
3. (Active / Passive)

Skills (hard skill or soft skill)

- 1.
- 2.
- 3.
- 4.

Work Experience

Start & End Date	Company / Institution Name	Position	Industrial Type	Number of subordinates

- The position is written with what position, including internship, freelance daily, etc.

- Write from the newest to the oldest

Describe your responsibilities for each position

a.

b.

c.

d.

Organization Experience

Start Date	End Date	Organization Name	Position	Work Description

Reference

Name	Employement Relationship	Phone Number

Do you have any medical conditions that we should be aware of? Yes / No*

If yes, please specify

Are you currently taking any medication? Yes / No*

If yes, please list them

I hereby confirm that I consciously agree to submit my personal data to ParagonCorp. I give consent for my data to be used for recruitment purposes or other related processes. All statements are filled with truth. If in the future it turns out that there are things that are contradictory, then I am willing to be prosecuted in accordance with applicable law and this application can be canceled.

Date,

Signature

(Full Name)