

APPLICANT'S INFORMATION SHEET																																	
Name : YANTI	Age : 35	REF.NO. : IM 072																															
Place & Date of Birth: INDRAMAYU, 02 MARET 1985																																	
Address : BLOK PRAPATAN DADAP RT 003 RW 007 KEL. DADAP KEC.JUNTINYUAT KAB. INDRAMAYU																																	
Contact number :																																	
Height : 150	Weight : 49	Religion : MOESLEM																															
Marital status	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Divorced																															
Husband's Name : DEBI	Occupation : NELAYAN	Age : 28 Yo																															
Father's Name : RAMIDI	Occupation : NELAYAN	Age : 52																															
Mother's Name : KAEDAH	Occupation : -	Age : PASSED AWAY																															
No. Of Brother & Sister : 5	Number of(in the family) : 4																																
No. of Children & Ages : : 1 ; 4 YO																																	
Education	<input checked="" type="checkbox"/> Elementary	<input type="checkbox"/> Secondary <input type="checkbox"/> High school																															
DESERVES YOUR FAMILY THE BEST	WORK CHOSEN / PREFERENCES																																
	<input checked="" type="checkbox"/> 3 General Housekeeping	<input checked="" type="checkbox"/> 1 Care Of baby And Child																															
	<input checked="" type="checkbox"/> 4 Cooking / Memasak	<input checked="" type="checkbox"/> 2 Care elder people / Bedridden																															
	INTERVIEW APPRAISAL																																
	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Fair</th> <th style="text-align: center;">Pleasant</th> <th style="text-align: center;">Excellent</th> </tr> </thead> <tbody> <tr> <td>Facial Expression</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Personality</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Attitude</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Tidiness</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spoken English</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Written English</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other Language</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Fair	Pleasant	Excellent	Facial Expression	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attitude	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tidiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spoken English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Language	<input type="checkbox"/>	<input type="checkbox"/>
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REMARKS																																	
HOUSEMAID IN JORDAN 4 YEARS (2008 - 2012)																																	
TAKE CARE CHILDREN 4 YO , LAUNDRY, IRONING																																	
DO GENERAL HOUSEKEEPING																																	

OTHER INFORMATION	YES	NO
Do you know how to look after babies?	<input checked="" type="checkbox"/>	
Do you Know How To Look After Children?	<input checked="" type="checkbox"/>	
Do You Know How To Look After Retarded Person ?	<input checked="" type="checkbox"/>	
Do You Know How To Look After Bedridden Person?	<input checked="" type="checkbox"/>	
Do You Know How To Look After Elderly Person ?	<input checked="" type="checkbox"/>	
Do you sew ?		<input checked="" type="checkbox"/>
Can you do Gardening ?	<input checked="" type="checkbox"/>	
Do you Handle or cut pork ?	<input checked="" type="checkbox"/>	
Do you Eat Pork?		<input checked="" type="checkbox"/>
Do you Smoke ?		<input checked="" type="checkbox"/>
Can you Swim ?		<input checked="" type="checkbox"/>
Can you Speak and Write English ?		<input checked="" type="checkbox"/>
If your Employer Leave you Alone in the House, Are you Afraid ?		<input checked="" type="checkbox"/>
Are you Ready to Extend your Contract After Two Year ?	<input checked="" type="checkbox"/>	
Can you Cook Simple Cooking ?	<input checked="" type="checkbox"/>	
Are you afraid of dog ?		<input checked="" type="checkbox"/>