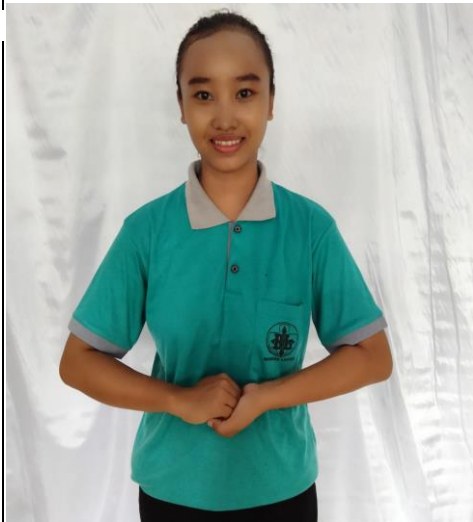


APPLICANT'S INFORMATION SHEET																																	
Name : ALFINA DAMAYANTI	Age : 21 YO REFF NO : BL 17																																
Place & Date of Birth : Sragen, 08-09-2001																																	
Address : Pelang Rt 31 Rw 10 Ds. Kedungupit Kec Sragen Kab Sragen																																	
Contact number :																																	
Height : 157 cm	Weight : 53 KG Religion : MOSLEM																																
Marital status : <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced																																	
Husband's Name: Wawan Kiswanto	Occupation :: sales sepatu & sandal Age : 34																																
Father's Name : Suyono	Occupation :: wiraswasta Age : 47																																
Mother's Name : Sumiyati	Occupation : dagang Age : 46																																
No. Of Brother & Sister : - & 2	Number of(in the family) : 2																																
No. Of children & Age : 1, 2,5 th																																	
Education <input type="checkbox"/> Elementary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> Junior High school																																	
DESERVES YOUR FAMILY THE BEST	WORK CHOSEN / PREFERENCES																																
	<input checked="" type="checkbox"/> General Housekeeping <input checked="" type="checkbox"/> Care Of baby And Child <input checked="" type="checkbox"/> Cooking / Memasak <input checked="" type="checkbox"/> Care elder people / Bedridden																																
	INTERVIEW APPRAISAL																																
	<table border="1"> <thead> <tr> <th></th> <th>Fair</th> <th>Pleasant</th> <th>Excellent</th> </tr> </thead> <tbody> <tr> <td>Facial Expression</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Personality</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Attitude</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Idiness</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Spoken English</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Written English</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other Language</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><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"/>	Idiness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spoken English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written English	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
	REMARKS																																
	<u>Ex Jkt 2 th (2016-2018) Jaga dan rawat anak umur 5th antar dan jemput sekolah, bersih-bersih rumah, bantu masak</u>																																

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"/>

ALFINA DAMAYANTI WHOLE BODY PICTURE

