


APPLICANT'S INFORMATION SHEET			
Name : NOPI NURMILASARI	Age : 23 YO	REFF NO : SGW029	
Place & Date of Birth : MAJALENGKA, 16-09-1996			
Adress : DS. RANJI WETAN RT 002 RW 006 KEC. KASOKANDEL KAB. MAJALENGKA			
Contact number :			
Height : 145 CM	Weight : 41 KG	Religion : MOSLEM	
Marital status : <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced			
Husband's Name: YANTO Occupation : FARMER Age : 26 YO			
Father's Name : WARMAN Occupation : FARMER Age : 50 YO			
Mother's Name : NESIH Occupation : FARMER Age : 45 YO			
No. Of Brother & Sister :		Number of(in the family): 1	
No. Of children & Age : 1 DAUHTHER (2 YO)			
Education <input type="checkbox"/> Elementary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> High school			
DESERVES YOUR FAMILY THE BEST	WORK CHOSEN / PREFERENCES		
	<input checked="" type="checkbox"/> 3 General Housekeeping	<input type="checkbox"/> 1 Care Of baby And Child	
	<input checked="" type="checkbox"/> 4 Cooking / Memasak	<input type="checkbox"/> 2 Care elder people / Bedridden	
INTERVIEW APPRAISAL			
	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 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"/>
REMARKS			
EX: JAKARTA (2015-1017)			
GENERAL HOUSE WORKER, CLEANING,COOKING,WASHING			
IRONING AND TAKE CARE CHILDREN 3 YO			

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

Are you Ready to Extend your Contract After Two Year ?	V	
Can you Cook Simple Cooking ?	V	
Are you afraid of dog ?	V	