


APPLICANT'S INFORMATION SHEET			
Name : DWI PUSPITASARI	Age : 25YO	REFF NO : BL03	
Place & Date of Birth : SRAGEN, 11 MARET 1997			
Adress : NGRINGIN RT 12/- KEBONROMO, NGRAMPAL KAB. SRAGEN, JAWATENGAH			
Contact number :			
Height : 155 CM	Weight : 55 KG	Religion : MOSLEM	
Marital status : <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced			
Husband's Name: NGADIYO	Occupation : FARMER	Age : 40 YO	
Father's Name : SLAMET	Occupation : FARMER	Age : 60 YO	
Mother's Name : SRI LESTARI	Occupation : FARMER	Age : 55 YO	
No. Of Brother & Sister : 1 SISTER	Number of(in the family) : 2		
No. Of children & Age : 2 CHILDREN (7, 5YRS)			
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		
		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"/>
Hairiness	<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			
JAKARTA 2018-2022			
GENERAL HOUSE WORK, COOKING, WASHING, IRONING,			
AND TAKE CARE OF CHILD 9, 15 YRS			
TAKE CARE OF EDERLY 80Y			

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"/>