


APPLICANT'S INFORMATION SHEET																																	
Name : ELA SAFITRI	Age : 22 YO	REF NO : SGW079																															
Place & Date of Birth : BANGUN REJO, 08 JUNI 2000																																	
Address : DUSUN IV RT07 RW04 DESA SIDOREJO KEC.BANGUNREJO KAB.LAMPUNG TENGAH																																	
Contact number :																																	
Height : 146 CM	Weight : 57 KG	Religion : MOSLEM																															
Marital status : <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced																																	
Husband's Name:	Occupation :	Age :																															
Father's Name : ANWAR	Occupation : FARMER	Age : 43 YO																															
Mother's Name : SALBIYAH	Occupation : FARMER	Age : 41 YO																															
No. Of Brother & Sister : 1 BROTHER & 1 SISTER	Number of(in the family) : 1																																
No. Of children & Age :																																	
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 type="checkbox"/> 1 General Housekeeping	<input type="checkbox"/> 3 Care Of baby And Child																															
	<input type="checkbox"/> 2 Cooking / Memasak	<input type="checkbox"/> 4 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>Hidiness</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"/>	Hidiness	<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"/>
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REMARKS																																	
JAKARTA (2018-2022) GENERAL HOUSE WORK, COOKING, WASHING, IRONING, ACCOMPANY MAM GO TO MARKET AND TAKE CARE OF CHILD 9 & 3 YO																																	

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"/>