


APPLICANT'S INFORMATION SHEET																																
Name : MITA AMALIAH	Age : 31 YO REFF NO : SGW087																															
Place & Date of Birth : BREBES, 9 AGUSTUS 1991																																
Adress : DS. SONGGOM LOR RT. 03 RW. 02 KEC. SONGGOM KAB. BREBES																																
Contact number :																																
Height : 153 CM	Weight : 46 KG Religion : MOSLEM																															
Marital status : <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced																																
Husband's Name: JUNEDI	Occupation : FISHERMAN Age : 35YO																															
Father's Name : SALWADI	Occupation : FARMER Age : 60 YO																															
Mother's Name : ROISAH	Occupation : FARMER Age : 50 YO																															
No. Of Brother & Sister : 2 BROTHERS & 1 SISTER	Number of(in the family): 3																															
No. Of children & Age : 3 SON ( 6 + 2 + 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"/> 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>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 type="checkbox"/></td> <td><input checked="" 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 type="checkbox"/>	<input checked="" 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																																
<b>SINGAPORE 2017-2019</b> TAKE CARE OF AHMA 85 YO, GHW, WASHING, IRONING, CLEAN THE GUEST HOUSE, ETC..																																

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 type="checkbox"/>	<input checked="" type="checkbox"/>
Do You Know How To Look After Bedridden Person?	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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 ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Can you Cook Simple Cooking ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you afraid of dog ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>