

# BIODATA OF FOREIGN DOMESTIC WORKER (CBM015)

## PERSONAL INFORMATIYUN

- 1.Name : NURAINI NISSA
- 2.Date of birth : 14AGUSTUS 1989 Age :33YO
3. Place of birth : CIREBON
- 4.Height &Weight :156CM& 65KG
5. Nationality : I N D O N E S I A N
6. Residential address in home country: DUSUN I KR.SARI RT. 04 RW. 02  
DESA MUNDU PESISIR KEC. MUNDU - CIREBON (KAB) - JAWA BARAT
- 7.Religion : MOSLEEM
- 8.No.of children / Age :2/9 YO GIRL AND 3 ½ YO GIRL
- 9.Number of siblings :HAVE 2BROTHER,SHE'SNO 1 IN THE FAMILY
10. Education : JUNIORHIGHSCHOOL
- 11.Martialstatus : MARRIED
- 12.Husband Name: SUNADI Age: 38YO

FULLY VACCINATED (MODERNA)



## EMPLOYMENT HISTORY OF THE FDW

Date		Country ( including FDW's Home country )	Work Duties	Remarks
From	To			
2018	2021	CIREBON INDONESIA	SHE IS TAKE CARE OF CHILD 4YO AND 9YO. DO GENERAL HOUSEWORK, SWEEP THE FLOOR, MOP THE FLOOR, WASH THE CLOTE. IROONING, COOKING, GO TO MARKET. AT EMPLOYER HOUSE HAVE 4 PEOPLES, SIR, MOM, AND 2 CHILD. ETC	ER HOUSE: FLAT 3BEDROOMS3TOILETS 1MAID

- | Will                            | Exp  | Will                      | Exp  |
|---------------------------------|--|---------------------------|--|
| •Care of babies aged 0-3 month  | <input type="checkbox"/> <input checked="" type="checkbox"/> | • Operate Vacuum cleaner  | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| • Care of babies age 3-12 month | <input type="checkbox"/> <input checked="" type="checkbox"/> | • Operate Microwave oven  | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| •Care of children age 5-15 yo   | <input checked="" type="checkbox"/> <input type="checkbox"/> | • Washing laundry ev hand | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| • Care of children over 10 yo   | <input type="checkbox"/> <input checked="" type="checkbox"/> | • Ironing                 | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| •Care of envalid                | <input type="checkbox"/> <input checked="" type="checkbox"/> | • General cooking         | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| •General housework              | <input type="checkbox"/> <input checked="" type="checkbox"/> | • Care of Eldery          | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| •Operate Washing Machine        | <input type="checkbox"/> <input checked="" type="checkbox"/> | • Care of Pets            | <input checked="" type="checkbox"/> <input type="checkbox"/> |
|                                 |  | • Care of Cars            | <input checked="" type="checkbox"/> <input type="checkbox"/> |

**General Information :**

- |  | Yes  | No                                  |
|--|--|-------------------------------------|
| • Can you promise not to use telephone without your employer permissions ? | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Are you prepared to eat the type of food your employers provide ?        | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Are you willing to accept the non working day setup by your employer ?   | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Can you promise NOT to ask advance salary from your employer ?           | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Have you overgone any operation over last 12 months ?                    | <input type="checkbox"/>                                     | <input checked="" type="checkbox"/> |
| • Do you suffer from any skin disease ?                                    | <input type="checkbox"/>                                     | <input checked="" type="checkbox"/> |
| • Are you willing to work overtime with compensations ?                    | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| • Are you willing to share a room with children or old person ?            | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Note :