


APPLICANT'S INFORMATION SHEET	
Name : YULI FITRIANI	Age : 29 YO REFF NO : SGW082
Place & Date of Birth : SUKO SARI, 08 JULI 1993	
Address : JL.GURAME RT09 RW04 DESA YOSODADI KEC.METRO TIMUR KOTA METRO, LAMPUNG	
Contact number :	
Height : 150 CM	Weight : 55 KG Religion : MOSLEM
Marital status :	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced
Husband's Name: AFROJI	Occupation : TRADER Age : 27 YO
Father's Name : PURWITO	Occupation : FARMER Age : 55 YO
Mother's Name : PONIAH	Occupation : FARMER Age : 45 YO
No. Of Brother & Sister : 1 BROTHER	Number of(in the family): 1
No. Of children & Age : 2 GIRL (8 & 4 YO)	
Education	<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input checked="" type="checkbox"/> High school
DESERVES YOUR FAMILY THE BEST	WORK CHOSEN / PREFERENCES
	<input checked="" type="checkbox"/> 2 General Housekeeping <input checked="" type="checkbox"/> 4 Care Of baby And Child
	<input checked="" type="checkbox"/> 3 Cooking / Memasak <input checked="" type="checkbox"/> 1 Care elder people / Bedridden
INTERVIEW APPRAISAL	
	Fair Pleasant Excellent
Facial Expression	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Personality	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Attitude	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kindness	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Spoken English	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Written English	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other Language	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REMARKS	
LAMPUNG OF INDONESIA 2015-2017	
GENERAL HOUSE WORK, COOKING, WASHING, IRONING, GARDENING,	
TAKE CARE OF 2 CATS & TAKE CARE AHMA 75 YO BEDRIDDEN	

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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>