


APPLICANT'S INFORMATION SHEET																																	
Name : ATUN	Age : 25 YO	REF NO : SG420																															
Place & Date of Birth : INDRAMAYU, 18-04-1992																																	
Adress : DS. KEDOKANBUNDER WETAN RT.009 RW.002 KEC.KEDOKANBUNDER KAB.INDRAMAYU																																	
Contact number :																																	
Height : 152 CM	Weight : 55 KG	Religion : MOSLEM																															
Marital status :	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Divorced																															
Husband's Name: SUPRIYANTO	Occupation : FARMER	Age : 28 YO																															
Father's Name : NURSALIM	Occupation : FARMER	Age : 46 YO																															
Mother's Name : WIRIH	Occupation : FARMER	Age : 42 YO																															
No. Of Brother & Sister : 1 BROTHER, 1 SISTER	Number of(in the family) : 1																																
No. Of children & Age : 1 GIRL (4 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"/> 1 General Housekeeping	<input checked="" type="checkbox"/> 3 Care Of baby And Child																															
	<input checked="" type="checkbox"/> 2 Cooking / Memasak	<input checked="" 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>Tidiness</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"/>	Tidiness	<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																																	
EX : SINGAPORE (2014-2016)																																	
GENERAL HOUSE WORK, CLEANING, COOKING, WASHING																																	
IRONING AND TAKE CARE OF GRANDMOTHER 68 YO																																	

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