

APPLICANT'S INFORMATION SHEET		
Name : DEWI BT KOSIH	Age : 26 YO	REF NO : SG427
Place & Date of Birth : CIANJUR, 10 NOV 1991		
Adress : DS. NEGLASARI RT.08/04 AGRABINTA, CIANJUR, WEST JAVA		
Contact number :		
Height : 152 CM	Weight : 47 KG	Religion : MOSLEM
Marital status :	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
Husband's Name: ATAR	Occupation : FARMER	Age : 32 YO
Father's Name : KOSIH	Occupation :	Age : PASSED AWAY
Mother's Name : SANAH	Occupation : HOUSEWIFE	Age : 47 YO
No. Of Brother & Sister : 1 BROTHER	Number of(in the family) : 2	
No. Of children & Age : 1 DAUGHTER (7 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"/> 2 Cooking / Memasak																																
	<input checked="" type="checkbox"/> 3 Care Of baby And Child																																
	<input checked="" type="checkbox"/> 4 Care elder people / Bedridden																																
<b>INTERVIEW APPRAISAL</b>																																	
	<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"/>	<input type="checkbox"/>
	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"/>	<input type="checkbox"/>																														
<b>REMARKS</b>																																	
<p>EX : JAKARTA, INDONESIA (2007 - 2009)</p> <p>GENERAL HOUSEHOLD WORK, CLEANING, COOKING, WASHING AND IRONING CLOTHES</p>																																	

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