


APPLICANT'S INFORMATION SHEET		
Name : ERNI HARHANI	Age : 35YO	REF NO : SGW122
Place & Date of Birth : BANDUNG,12 AGUSTUS 1987		
Address : KP. CILAJA RT.014 RW.005 DS.CISAGA KEC.CIBOGO KAB.SUBANG		
Contact number :		
Height : 146CM	Weight : 44KG	Religion : MOSLEM
Marital status :	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
Husband's Name: JUDIN	Occupation : FARMER	Age : 37YO
Father's Name : WAWAN SETIAWAN	Occupation : FARMER	Age : 60YO
Mother's Name : EEM FATONAH	Occupation : FARMER	Age : 51YO
No. Of Brother & Sister :	Number of(in the family) : 1	
No. Of children & Age : 2 orang- 13thn & 5thn		
Education	<input type="checkbox"/> Elementary	<input checked="" type="checkbox"/> Secondary <input type="checkbox"/> High school
Vaccine: 3 dose - Coronavac		

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 type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Personality</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Attitude</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Neatness</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Spoken English</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Written English</td> <td><input 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 type="checkbox"/>	<input type="checkbox"/>	Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoken English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Language	<input type="checkbox"/>	<input type="checkbox"/>
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REMARKS																																
EX:BANDUNG 5YEARS 2017-2022 (july) CLEANING THE HOUSE , COOKING , WASHING THE CLOTHES , IRONING THE CLOTHES , TAKE CARE CHILDREN (1YO)																																

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 Smoke ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Can you Swim ?	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Are you afraid of dog ?	<input type="checkbox"/>	<input type="checkbox"/>