

APPLICANT'S INFORMATION SHEET		
Name : JUNENGSIH	Age : 41	REFF.NO. : IM 054
Place & Date of Birth: CIREBON, 20- 03-1978		
Address : BLOK KARANGBULU RT 017 RW 006 KEL. GEBANG MEKAR KEC. GEBANG KAB. CIREBON		
Contact number :		
Height : 152	Weight : 55	Religion : MOESLEM
Marital status	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
Husband's Name : DULADI	Occupation : NELAYAN	Age : 40
Father's Name : ABDULAH	Occupation :	Age : PASSED AWAY
Mother's Name : RAENI	Occupation :	Age : PASSED AWAY
No. Of Brother & Sister : 9	Number of(in the family) : 9	
No. of Children & Ages : : 2, 16 YO & 14 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"/> 4 General Housekeeping | <input checked="" type="checkbox"/> 1 Care Of baby And Child |
| <input checked="" type="checkbox"/> 3 Cooking / Memasak | <input checked="" type="checkbox"/> 2 Care elder people / Bedridden |

INTERVIEW APPRAISAL

	Fair	Pleasant	Excellent
Facial Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tidiness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>

REMARKS

HOUSEMAID IN JAKARTA 1 YEAR (2013 - 2014)
 DO GENERAL HOUSEKEEPING, LAUNDRY , COOKING, IRONING

HOUSEMAID IN CIREBON 2 YEARS (2015 - 2017)
 DO GENERAL HOUSEKEEPING, LAUNDRY, COOKING, IRONING

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 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"/>