

APPLICANT'S INFORMATION SHEET		
Name : LINAH	Age : 30	REFF.NO. : IM080
Place & Date of Birth: INDRAMAYU, 02 APRIL 1990		
Adress : DADAP RT 003 RW 006 KEL. DADAP KEC. JUNTINYUAT KAB. INDRAMAYU		
Contact number :		
Height : 152	Weight : 50	Religion : MOESLEM
Marital status	<input type="checkbox"/> Married	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Divorced
Husband's Name : -	Occupation : -	Age : - Yo
Father's Name : MAMAN	Occupation : -	Age : PASSED AWAY
Mother's Name : MUAENI	Occupation : IBU RUMAH TANGGA	Age : 50
No. Of Brother & Sister : 7	Number of(in the family) : 1	
No. of Children & Ages : : 1, 5 YO		
Education	<input checked="" type="checkbox"/> Elementary	<input 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"/> 2 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"/>
Tidiness	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Spoken English	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Written English	<input 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
HOUSEMAID IN SINGAPORE 2 YEARS (2014 - 2016)
TAKE CARE OF 7 YO CHILD, COOK, HOUSEKEEPING
HOUSEMAID IN BAHRAIN 2 YEARS (2017 - 2019)
DO GENERAL HOUSEKEEPING, COOKING, LAUNDRY, IRONING
HOUSEMAID IN SINGAPORE 1 YEAR (2019 - 2020)
TAKE CARE BEDRIDDEN AMA 60 YO, COOKING, LAUNDRY

OTHER INFORMATION	YES	NO
Do you know how to look after babies?	<input checked="" type="checkbox"/>	
Do you Know How To Look After Children?	<input checked="" type="checkbox"/>	
Do You Know How To Look After Retarded Person ?	<input checked="" type="checkbox"/>	
Do You Know How To Look After Bedridden Person?	<input checked="" type="checkbox"/>	
Do You Know How To Look After Elderly Person ?	<input checked="" type="checkbox"/>	
Do you sew ?		<input checked="" type="checkbox"/>
Can you do Gardening ?		<input checked="" type="checkbox"/>
Do you Handle or cut pork ?	<input checked="" type="checkbox"/>	
Do you Eat Pork?		<input checked="" type="checkbox"/>
Do you Smoke ?		<input checked="" type="checkbox"/>
Can you Swim ?		<input checked="" type="checkbox"/>
Can you Speak and Write English ?	<input checked="" type="checkbox"/>	
If your Employer Leave you Alone in the House, Are you Afraid ?		<input checked="" type="checkbox"/>
Are you Ready to Extend your Contract After Two Year ?	<input checked="" type="checkbox"/>	
Can you Cook Simple Cooking ?	<input checked="" type="checkbox"/>	
Are you afraid of dog ?		<input checked="" type="checkbox"/>