


APPLICANT'S INFORMATION SHEET																																	
Name : ROSIH	Age : 22	REFF.NO. : IM 073																															
Place & Date of Birth: INDRAMAYU, 13 JANUARI 1998																																	
Address : DADAP BARU RT 002 RW 009 KEL. DADAP KEC. JUNTINYUAT KAB. INDRAMAYU																																	
Contact number :																																	
Height : 150	Weight : 52	Religion : MOESLEM																															
Marital status	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Divorced																															
Husband's Name : ABDUL SARIP	Occupation : NELAYAN	Age : 23																															
Father's Name : KASMIN	Occupation : NELAYAN	Age : 62																															
Mother's Name : URIPAH	Occupation : IBU RUMAH TANGGA	Age : 59																															
No. Of Brother & Sister : 4	Number of(in the family) : 3																																
No. of Children & Ages : : 1 , 2 YO																																	
Education	<input type="checkbox"/> Elementary	<input checked="" type="checkbox"/> Secondary <input type="checkbox"/> High school																															
<b>DESERVES YOUR FAMILY THE BEST</b>	<b>WORK CHOSEN / PREFERENCES</b>																																
	<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																																
	<b>INTERVIEW APPRAISAL</b>																																
	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Fair</th> <th style="text-align: center;">Pleasant</th> <th style="text-align: center;">Excellent</th> </tr> </thead> <tbody> <tr> <td>Facial Expression</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Personality</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Attitude</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Tidiness</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spoken English</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Written English</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other Language</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><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 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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<b>REMARKS</b>																																	
HOUSEMAID IN JAKARTA 1 YEAR ( 2018 - 2019 )																																	
DO GENERAL HOUSEKEEPING , LAUNDRY , IRONING																																	
WASHING CAR																																	
1 STOREY, 3 BEDROOM ,2 BATHROOM, 4 PEOPLE																																	
CHINESE EMPLOYER																																	

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