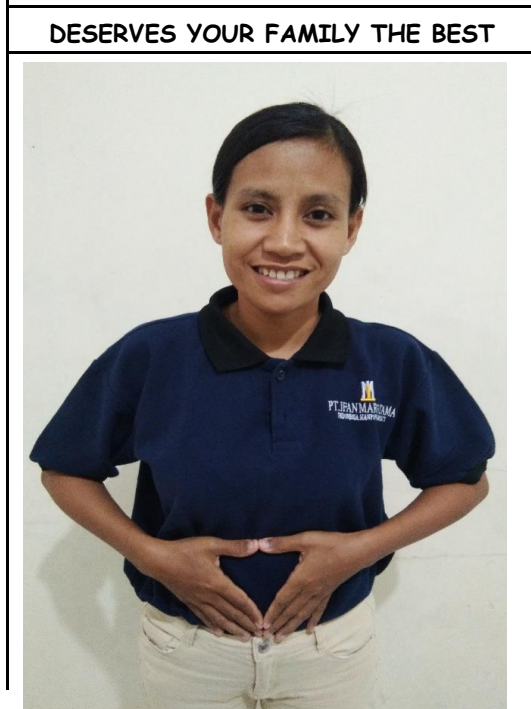


APPLICANT'S INFORMATION SHEET		
Name : TASNI BT AKYADI MARJI	Age : 35 YO	REF.NO. : IM 084
Place & Date of Birth: INDRAMAYU,06 DESEMBER 1985		
Address : BLOK MAKAM,RT.003 RW.006 KEL.DADAP KEC.JUNTINYUAT KAB.INDRAMAYU		
Contact number :		
Height : 145 CM	Weight : 49	Religion : MOESLEM
Marital status	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
Husband's Name : TONI	Occupation : NELAYAN	Age : 41 YO
Father's Name : AKYADI	Occupation : NELAYAN	Age : 57 YO
Mother's Name : DAEAH	Occupation : IBU RUMAH TANGGA	Age : 50 YO
No. Of Brother & Sister : 3	Number of(in the family) : 1	
No. of Children & Ages : : 2 CHILDREND 7 YO,2 YO		
Education	<input checked="" type="checkbox"/> Elementary	<input type="checkbox"/> Secondary <input type="checkbox"/> High school



WORK CHOSEN / PREFERENCES

<input checked="" type="checkbox"/> 3	General Housekeeping	<input checked="" type="checkbox"/> 1	Care Of baby And Child
<input checked="" type="checkbox"/> 4	Cooking / Memasak	<input checked="" type="checkbox"/> 2	Care elder people / Bedridden

INTERVIEW APPRAISAL

	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 checked="" type="checkbox"/>	<input type="checkbox"/>
Written English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Language	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

HOMEMAID IN DUBAI 2 YEARS (2010 - 2012)

TAKE CARE AMA 60 YO,DO GENERAL HOUSEKEEPING

HOSEMAID IN OMAN 2 YEARS (2014 - 2016)

TAKE CARE CHILD 2,7 YO AND 1 YO,DO GENERAL HOUSEKEEPING

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"/>