


APPLICANT'S INFORMATION SHEET																																	
Name : VERA OKTAVIANA	Age : 25	REF.NO. : IM 059																															
Place & Date of Birth: CIREBON, 01 OKTOBER 1994																																	
Address : KMP SINGAPURA RT 002 RW 007 KEL. SIRNABAYA KEC. GUNUNGJATI KAB. CIREBON																																	
Contact number :																																	
Height : 156	Weight : 58	Religion : MOESLEM																															
Marital status	<input type="checkbox"/> Married	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Divorced																															
Husband's Name : -	Occupation : -	Age : -																															
Father's Name : ARIYANTO	Occupation : DRIVER	Age : 51																															
Mother's Name : SAEUNA	Occupation : IBU RUMAH TANGGA	Age : 49																															
No. Of Brother & Sister : 1	Number of(in the family) : 1																																
No. of Children & Ages : , 4 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"/> 4 Cooking / Memasak <input checked="" type="checkbox"/> 2 Care elder people / Bedridden																																
	<b>INTERVIEW APPRAISAL</b>																																
	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%;">Fair</th> <th style="width: 10%;">Pleasant</th> <th style="width: 10%;">Excellent</th> </tr> </thead> <tbody> <tr> <td>Facial Expression</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Personality</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Attitude</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tidiness</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Spoken English</td> <td><input checked="" 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 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 checked="" 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 SUBANG 1 YEAR ( 2018 - 2019 )																																	
GENERAL HOUSEKEEPING, LAUNDRY, IRONING, COOKING																																	

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"/>