

APPLICANT'S INFORMATION SHEET			
Name : WARTEM	Age : 22	REFF.NO. :	
Place & Date of Birth: INDRAMAYU, 31 JANUARI 1997			
Address : BLOK KEMPED RT 001 RW 001 KEL. KARANGMULYA KEC. KANDANGHAUR KAB. INDRAMAYU			
Contact number :			
Height : 154	Weight : 54	Religion : MOESLEM	
Marital status	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	
Husband's Name : DEDE SISWANTO	Occupation : PETANI	Age : 23	
Father's Name : DURGI	Occupation : -	Age : PASSED AWAY	
Mother's Name : RUMINIH	Occupation : PETANI	Age : 60	
No. Of Brother & Sister : 5	Number of(in the family) : 5		
No. of Children & Ages : : 1, 2 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"/> 2 General Housekeeping	<input checked="" type="checkbox"/> 1 Care Of baby And Child	
	<input checked="" type="checkbox"/> 4 Cooking / Memasak	<input checked="" type="checkbox"/> 3 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 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 (2016 - 2017)			
DO GENERAL HOUSEWORK, TAKING CARE CHILD 2 YO			
LAUNDRY , IRONING			
1 STOREY, 2 BEDROOM, 1 BATHROOM, 3 PEOPLE			

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"/>