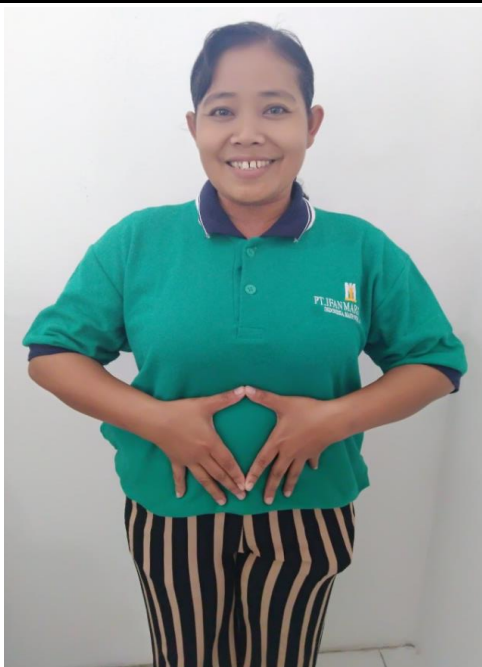


APPLICANT'S INFORMATION SHEET		
Name : IPAH BT KASTIMAN ANTER	Age : 39	REFF.NO. : IM 057
Place & Date of Birth: INDRAMAYU, 17 - 02 - 1980		
Address : BLOK PINTU AIR RT 001 RW 003 KEL. DADAP KEC. JUNTINYUAT KAB. INDRAMAYU		
Contact number :		
Height : 151	Weight : 59	Religion : MOESLEM
Marital status	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
Husband's Name : TUMADI	Occupation : NELAYAN	Age : 40
Father's Name : KASTIMAN	Occupation : -	Age : PASSED AWAY
Mother's Name : SIRIH	Occupation : PETANI	Age : 60
No. Of Brother & Sister : 3	Number of(in the family) : 3	
No. of Children & Ages : : 1 . 16 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"/> 3 General Housekeeping | <input checked="" type="checkbox"/> 2 Care Of baby And Child        |
| <input checked="" type="checkbox"/> 4 Cooking / Memasak    | <input checked="" type="checkbox"/> 1 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 KUWAIT 2 YEARS ( 2013 - 2015 )

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DO GENERAL HOUSEKEEPING, LAUNDRY, IRONONG, COOKING

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HOUSEMAID IN OMAN 1 1/2 YEARS ( 2017 - 2018 )

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DO GENERAL HOUSEKEEPING, LAUNDRY, IRONING, COOKING

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 type="checkbox"/>	<input checked="" type="checkbox"/>
Can you do Gardening ?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>