


APPLICANT'S INFORMATION SHEET																																	
Name : IRMAWATI	Age : 25 YO REFF NO : BL11																																
Place & Date of Birth : Karanganyar, 25-10-1997																																	
Address : Sukorejo Rt 01 Rw 08 Ds. Ngargoyoso Kec. Ngargoyoso Kab. Karanganyar																																	
Contact number :																																	
Height : 165 cm	Weight : 55 kg Religion : MOSLEM																																
Marital status :	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced																																
Husband's Name: SUPARNO	Occupation : Tani Age : 28 YO																																
Father's Name : WANDI	Occupation : Age :																																
Mother's Name : TRI DIANA	Occupation : Tani Age : 47 YO																																
No. Of Brother & Sister :	Number of(in the family) :																																
No. Of children & Age : 3 , 9 YO, 6 YO & 3 YO																																	
Education	<input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Junior High school																																
DESERVES YOUR FAMILY THE BEST	WORK CHOSEN / PREFERENCES																																
	<input checked="" type="checkbox"/> General Housekeeping <input checked="" type="checkbox"/> Care Of baby And Child																																
	<input checked="" type="checkbox"/> Cooking / Memasak <input checked="" type="checkbox"/> Care elder people / Bedridden																																
	INTERVIEW APPRAISAL																																
	<table border="1"> <thead> <tr> <th></th> <th>Fair</th> <th>Pleasant</th> <th>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>Lidiness</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 checked="" 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"/>	Lidiness	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Ex Jkt 2 th (2020-2022)Jaga dan rawat nenek umur 70 th, kondisi stroke, kaki kiri lemah, jalan dipapah,bantu BAB dan BAK, bantu kasi makan dan minum,bantu terapi. bersih-bersih rumah,cuci dan gosok baju. Bantu masak.																																

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 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"/>