

**BIO-DATA OF FOREIGN DOMESTIC WORKER (FDW)**

\*Please ensure that you run through the information within the bio-data as it is an important document to help you select a suitable FDW

**(A) PROFILE OF FDW**

**A1 Personal Information SP025**

1. Name: LILIS HOLISAH

2. Date of birth:       Age:

3. Place of birth: BEKASI, JAWA BARAT

4. Height & weight:    cm   kg

5. Nationality: INDONESIA

6. Residential address in home country: Kp Singkil Rt/Rw 001/006 Dea Pantai Mekar Kec. Muara Gembong

8. Contact number in home country: -

9. Religion: MOSLEM

10. Education level: JUNIOR HIGH SCHOOL

11. Number of siblings: 7

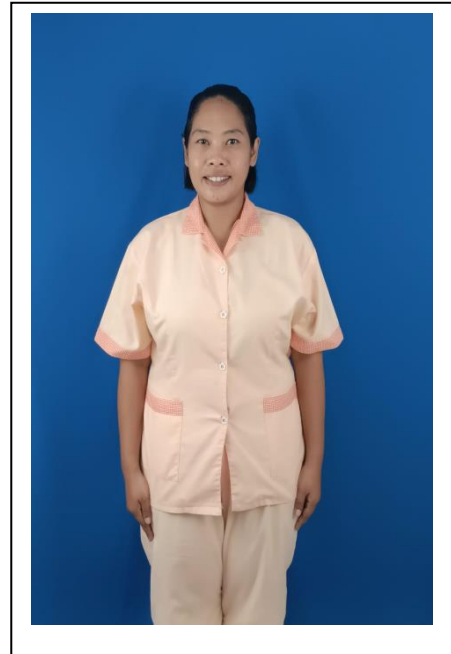
12. Marital status: MARRIED

13. Husband Name: PURTONI Age: 33thn

14. Husband Occupation: Fisherman

15. Number of children: 2

Age(s) of children : 11 AND 2 YO



**A2 Medical History/Dietary Restrictions**

14. Allergies (if any): \_\_\_\_\_

15. Past and existing illnesses (including chronic ailments and illnesses requiring medication):

	YES	NO		YES	NO
i. Mental illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	vi. Tuberculosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	vii. Heart disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ii. Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	viii. Malaria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iii. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ix. Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
iv. Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	x. Others: _____		

16. Physical disabilities: None \_\_\_\_\_

17. Dietary restrictions: None \_\_\_\_\_

18. Food handling preferences:  No Pork  No Beef  Others: \_\_\_\_\_

**(B) SKILLS OF FDW**

S/No	Areas of Work	Willingness	Experience	Assessment/Observation
		Yes/No	Yes/No If yes, state the no. of years	Please state qualitative observations of FDW and/or rate the FDW (indicate N.A. of no evaluation was done)
1.	Care of infants/children Please specify age range: _____	Yes	Yes	4
2.	Care of elderly	Yes	No	N.A
3.	Care of disabled	Yes	No	N.A
4	General housework	Yes	Yes	4
5.	Cooking Please specify cuisines:	Yes	Yes	4
6.	Language abilities (spoken) Please specify: _____	X		
7.	Other skills, if any Please specify: _____			

**(C) EMPLOYMENT HISTORY OF THE FDW****C1 Employment History Overseas**

Date		Country (including FDW's home country)	Employer	Work Duties	Remarks
From	To				
2017	2019 (2TAHUN)	JAKARTA, INDONESIA	MUSLIM	TAKE CARE OF AH MA (60YO)  HOUSE KEEPING, COOKING AND MARKETING	

## LILIS HOLISAH WHOLEBODY PICTURE

