

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 - SP049

1. Name: MARIA ULPA

2. Date of birth: Age:

3. Place of birth: KARAWANG

4. Height & weight: cm kg

5. Nationality: INDONESIA

6. Residential address in home country: Dusun Pulokelapa Rt/Rw 006/003 Kel. Rawasari Kec. Cilembar Kab. Karawang

be repatriated to: _____

8. Contact number in home country: -

9. Religion: MOSLEM

10. Education level: SENIOR HIGH SCHOOL

11. Number of siblings: 1

12. Marital status: DIVORCED

13. Number of children: 1

1. Age(s) of children : 3 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

Date		Country (including FDW's home country)	Employer	Work Duties	Remarks
From	To				
2020	2022 (2YEARS)	INDONESIA	JAKARTA	TAKE CARE CHILDREN (3YO) HOUSE KEEPING, COOKING AND MARKETING	