


APPLICANT'S INFORMATION SHEET																																
Name : NOVIANI DESI ARUMSARI Age 28YO	REF NO : BL06																															
Place & Date of Birth : Majalengka, 28-11-1994																																
Address : Blok Dukuhpari Rt 018/07, Ds. Leuwiseeng, Kec. Panyingkiran, Kab. Majalengka																																
Contact number :																																
Height : 155 cm Weight : 58 KG Religion : MOSLEM																																
Marital status : <input type="checkbox"/> Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Divorced																																
Husband's Name:	Occupation : Age :																															
Father's Name : HEDI ARFIANTO (alm)	Occupation : Age :																															
Mother's Name : ETI RUMIAT	Occupation : FARMER Age : <u>52</u> YO																															
No. Of Brother & Sister :	Number of(in the family) :																															
No. Of children & Age : 3 - 11, 5 and 2YO																																
Education <input type="checkbox"/> Elementary <input checked="" 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"/>
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REMARKS																																
EX JKT 1 TH (2019-2020) BERSIH BERSIH RUMAH, <u>CUCI BAJU, GOSOK BAJU, BANTU MASAK MAJIKAN.</u> <u>JAGA ANAK UMUR 10 TAHUN</u>																																

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"/>