


APPLICANT'S INFORMATION SHEET		
Name : RAMI	Age : 27 YO	REF NO : SGW117
Place & Date of Birth : INDRAMAYU,05 JUNI 1995		
Address : Dsn. Karang Mulya Rt.04 Rw 06 Ds. Anjatan, Kec. Anjatan, Kab. Indramayu		
Contact number :		
Height : 150 cm	Weight : 50 kg	Religion : MOSLEM
Marital status :	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Divorced
Husband's Name: SOKA	Occupation : FARMER	Age : 29 YEARS
Father's Name : CARDANA	Occupation :	Age : ALM
Mother's Name : SARNITEM	Occupation :	Age : ALM
No. Of Brother & Sister : 2 BROTHER & 2 SISTER	Number of(in the family) : 5	
No. Of children & Age : 2 BOY (8 & 2 YO)		
Education	<input type="checkbox"/> Elementary	<input checked="" type="checkbox"/> Secondary <input type="checkbox"/> 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	
		Fair Pleasant Excellent
Facial Expression	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personality	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Attitude	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Idleness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spoken English	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Written English	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Language	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REMARKS		
EX: JAKARTA, 2 YEARS 2017-2019 _____		
CLEANING THE HOUSE , COOKING , WASHING THE CLOTHES, _____		
IRONING THE CLOTHES. _____		

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