

APPLICANT'S INFORMATION SHEET		
Name : MUSLIKHATUN	Age : 37 YO	REF.NO. : SG586
Place & Date of Birth,	Banyumas,05-04-1982	
Adress : Ds.Bantar Rt10 Rw05 , Kec.Jatilawang , Kab.Cilacap , Central Of Java		
Contact Number :		
Height : 157 cm	Weight : 56 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 : SOLIHIN	Occupation : FARMER	Age : 60 YO
Mother's Name : JAMIAH	Occupation : FARMER	Age : 56 YO
No. Of Brother & Sister :	2 Brothers & 2 Sisters	Number of(in the family) : : 1
No. of Children & Ages :	17 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"/> 1 General Housekeeping | <input checked="" type="checkbox"/> 3 Care Of baby And Child |
| <input checked="" type="checkbox"/> 2 Cooking / Memasak | <input checked="" type="checkbox"/> 4 Care elder people / Bedridden |

INTERVIEW APPRAISAL

	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"/>
Tidiness	<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"/>

REMARKS

EX. BANDUNG 2017 - 2019

To do general house work,cleaning,cooking,washing,ironing and take care of grandmother 90 yo (still can walk)

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 Handle or cut pork ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you Eat Pork?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you Smoke ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Can you Swim ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Can you Speak and Write English ?	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>