


APPLICANT'S INFORMATION SHEET																																	
Name : YULITA	Age : 26 YO	REF NO : SGW044																															
Place & Date of Birth : BUKIT KEMUNING, 10-07-1994																																	
Adress : LK VI RT 003 RW 008 DESA BUKIT KEMUNING KEC. BUKIT KEMUNING KAB. LAMPUNG UTARA - LAMPUNG																																	
Contact number :																																	
Height : 159 CM	Weight : 49 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 : SUYITNO	Occupation : PASS AWAY	Age : PASS AWAY																															
Mother's Name : SUNINGSIH	Occupation : FARMER	Age : 50 YO																															
No. Of Brother & Sister : 3 BROTHER & 4 SISTER Number of(in the family) : 4																																	
No. Of children & Age : 1 DAUGHTER 8 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"/> 3 General Housekeeping	<input checked="" type="checkbox"/> 2 Care Of baby And Child																															
	<input checked="" type="checkbox"/> 4 Cooking / Memasak	<input checked="" type="checkbox"/> 1 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>Tidiness</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"/>	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"/>
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REMARKS																																	
<b>MALAYSIA ( 2016 - 2019 ) CHERAS</b> GENERAL HOUSE WORKER, CLEANING, COOKING, WASHING, IRONING TAKE CARE GRANDMOTHER 83 YO																																	

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>