


APPLICANT'S INFORMATION SHEET																																		
Name : ERNA WATI	Age : 32 YO	REF NO : SGW050																																
Place & Date of Birth : GEDONG AJI LAMA, 01-01-1988																																		
Adress : DUSUN VII RT 028 RW 007 DESA SUKA BHAKTI KEC. GEDUNG AJI BARU KAB. TULANG BAWANG - LAMPUNG																																		
Contact number :																																		
Height : 157 CM	Weight : 52 KG	Religion : MOSLEM																																
Marital status : <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced																																		
Husband's Name: SRIYONO	Occupation : FARMER	Age : 38 YO																																
Father's Name : TUKIJO	Occupation : FARMER	Age : 60 YO																																
Mother's Name : RUBINEM	Occupation : FARMER	Age : 56 YO																																
No. Of Brother & Sister : 3 BROTHER & 5 SISTER Number of(in the family) : 5																																		
No. Of children & Age : 1 DAUGHTER & 2 BOY ( 14, 9 & 1 YO ).																																		
Education <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> High school																																		
DESERVES YOUR FAMILY THE BEST	WORK CHOSEN / PREFERENCES																																	
	<input type="checkbox"/> 1 General Housekeeping	<input type="checkbox"/> 3 Care Of baby And Child																																
	<input type="checkbox"/> 2 Cooking / Memasak	<input type="checkbox"/> 4 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"/>	<input type="checkbox"/>	
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REMARKS																																		
<b>JAKARTA - INDONESIA ( 2003-2006 )</b> GENERAL HOUSE WORKER, CLEANING, COOKING, WASHING, IRONING ETC																																		

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