

APPLICANT'S INFORMATION SHEET

Name : TITI WIJAYANTI Age : 33 YO REFF NO : SGW061

Place & Date of Birth : SUBANG, 10-10-1987

Address : DUSUN SUKAMAJU RT 006 RW 001 DESA LANCA HILIR KEC. PAMANUKAN
KAB. SUBANG - JAWA BARAT

Contact number :

Height : 145 CM Weight : 49 KG Religion : MOSLEM

Marital status : Married Single Widow

Husband's Name: WAROH Occupation : FARMER Age : 47 YO

Father's Name : AKIM Occupation : PASSED AWAY Age : PASSED AWAY

Mother's Name : OOM Occupation : FARMER Age : 50 YO

No. Of Brother & Sister : 3 SISTER Number of(in the family) : 3

No. Of children & Age : 2 (1 DAUGHTER & 1 SON) - (11 YO & 3 Mo)

Education Elementary Secondary 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

SINGAPURA (2011-2013)

GENERAL HOUSE WORKER, CLEANING, COOKING, WASHING, IRONING

TAKE CARE ELDERLY - GRANDMOTHER 60 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 checked="" type="checkbox"/>	<input type="checkbox"/>

Can you Speak and Write English ?	V	
If your Employer Leave you Alone in the House, Are you Afraid ?		V
Are you Ready to Extend your Contract After Two Year ?	V	
Can you Cook Simple Cooking ?	V	
Are you afraid of dog ?		V