


APPLICANT'S INFORMATION SHEET	
Name : SUHENI	Age : 26 YO REFF NO : SGW062
Place & Date of Birth : SUBANG, 03-03-1994	
Address : DUSUN JATIMULYA RT 19 RW 06 DESA JATIMULYA KEC. COMPRENG KAB. SUBANG - JAWA BARAT	
Contact number :	
Height : 155 CM	Weight : 60 KG Religion : MOSLEM
Marital status : <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow	
Husband's Name: RASIM	Occupation : FARMER Age : 30 YO
Father's Name : CASONO	Occupation : FARMER Age : 45 YO
Mother's Name : UMIATI	Occupation : FARMER Age : 45 YO
No. Of Brother & Sister : 1 SISTER	Number of(in the family) : 2
No. Of children & Age : 1 BOY (5 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 type="checkbox"/> 1 Care Of baby And Child
	<input checked="" type="checkbox"/> 4 Cooking / Memasak <input type="checkbox"/> 2 Care elder people / Bedridden
INTERVIEW APPRAISAL	
	Fair Pleasant Excellent
Facial Expression	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Personality	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Attitude	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Tidiness	<input type="checkbox"/> <input type="checkbox"/> <input checked="" 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	
SUBANG (2012-2014)	
GENERAL HOUSE WORKER, CLEANING, COOKING, WASHING, IRONING	
TAKE CARE CHILDRE 5 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 ?	<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 type="checkbox"/>	<input checked="" type="checkbox"/>