


APPLICANT'S INFORMATION SHEET																																	
Name : AAN PURNAMASARI	Age : 33 YO REFF NO : SGW070																																
Place & Date of Birth : SUBANG , 12 JULI 1987																																	
Address : DUSUN SUKA JAYA RT 15/RW 05 , DESA PAMANUKAN KEC. PAMANUKAN KAB. SUBANG																																	
Contact number :																																	
Height : 159 CM	Weight : 60KG 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 : CARSUDI	Occupation : FARMER Age : 60 YO																																
Mother's Name : ODAH	Occupation : FARMER Age : 55 YO																																
No. Of Brother & Sister :	Number of(in the family) : 2																																
No. Of children & Age : 1 GIRLS (11 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"/> General Housekeeping <input checked="" type="checkbox"/> Care Of baby And Child																																
	<input checked="" type="checkbox"/> Cooking / Memasak <input checked="" type="checkbox"/> 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 type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Personality</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Attitude</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Tidiness</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Spoken English</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Written English</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other Language</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Written English	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Language	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	REMARKS																																
	<p>JAKARTA 2 TH (2018-2020)</p> <p>CLEANING HOUSE , COOKING , IRONING</p> <p>WASHING , CARE OF BABY .</p>																																

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 type="checkbox"/>	<input checked="" 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 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"/> L.DOG