


APPLICANT'S INFORMATION SHEET																																
Name : SUPRIHATI	Age : 39 YO REFF NO : SGW071																															
Place & Date of Birth : LAMPUNG TENGAH, 14-07-1980																																
Adress : GEDUNG HARAPAN RT 011 RW 003 DESA GEDUNG HARAPAN KEC. PENAWAR AJI KAB. TULANG BAWANG - LAMPUNG																																
Contact number :																																
Height : 152 CM	Weight : 60KG Religion : MOSLEM																															
Marital status : <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced																																
Husband's Name: S IDRIS HARIMUKTI	Occupation : FARMER Age : 50 YO																															
Father's Name : SUPIYAN	Occupation : PASSED AWAY Age : PASSED AWAY																															
Mother's Name : PARTI	Occupation : FARMER Age : 50 YO																															
No. Of Brother & Sister : 1 BROTHER & 3 SISTER Number of(in the family) : 4																																
No. Of children & Age : 1 DAUGHTER & 1 BOY ( 12 & 8 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 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																															
	<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>JAKARTA - INDONESIA (2013-2016)</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 ?		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	