


| APPLICANT'S INFORMATION SHEET  |  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
|--|--|-------------------------------------|--------------------------|----------|-----------|-------------------|--------------------------|-------------------------------------|--------------------------|-------------|--------------------------|-------------------------------------|--------------------------|----------|--------------------------|-------------------------------------|--------------------------|-----------|--------------------------|-------------------------------------|--------------------------|----------------|-------------------------------------|--------------------------|--------------------------|-----------------|-------------------------------------|--------------------------|--------------------------|----------------|--------------------------|--------------------------|
| Name : SILTIKA   | Age : 23 YO REFF NO : <b>SGW084</b>  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| Place & Date of Birth : MUARA BETUNG, 16-08-1999   |  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| Adress : DUSUN 1 RT000 RW000 DESA WONOSARI KEC.MEGANG SAKTI<br>KAB.MUSI RAWAS, SUMATERA SELATAN                                  |  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| Contact number :   |  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| Height : 150 CM  | Weight : 56 KG Religion : MOSLEM   |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| Marital status : <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced   |  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| Husband's Name: MUJIMIN  | Occupation : FARMER Age : 27 YO  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| Father's Name : USMAN GUMANTI  | Occupation : FARMER Age : 62 YO  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| Mother's Name : GUSNI WATI   | Occupation : FARMER Age : 55 YO  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| No. Of Brother & Sister : 1 BROTHER & - SISTER   | Number of(in the family): 2  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| No. Of children & Age : 1 BOY ( 3 YO)  |  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| Education <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input checked="" 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>Idianness</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"/> | Idianness | <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"/> |
|  | 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"/> |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| Idianness  | <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  |  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |
| <b>MUSI RAWAS ,INDONESIA ( 2020-2022)</b><br>GENERAL HOUSE WORK, COOKING, WASHING, IRONING                                       |  |                                     |                          |          |           |                   |                          |                                     |                          |             |                          |                                     |                          |          |                          |                                     |                          |           |                          |                                     |                          |                |                                     |                          |                          |                 |                                     |                          |                          |                |                          |                          |

| 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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Do You Know How To Look After Bedridden Person?                 | <input type="checkbox"/>            | <input checked="" 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 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 checked="" type="checkbox"/> | <input 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"/> |