

APPLICATION FOR EMPLOYMENT AS DOMESTIC HELPER

PREFERENCES

(Please write 1,2,3 or 4 in order of preference)

- | | |
|----------|----------------------------|
| 3 | Baby/Child Care |
| 4 | Care for Old Age/Bedridden |
| 2 | Cooking |
| 1 | General Housekeeping |

REFERENCE NO: TJL 006



The information and details in this bio data are made available voluntarily and in strictest confidence by the Applicant herself and is furnished in good health

Name as in Passport: JUUU **Passport Details**
 Permanent address: Kp.pagutan Rt 01 / Rw 01 Passport No: _____
Desa.cikidangbayabang Kab.Cianjur,Jawabarat Date of Issue: _____
 _____ Tel. No: _____ Date of Expiry: _____
 Date of Birth: 8 Oktober 1984 Age: 34 Place of Issue: _____
 Place of Birth: Cianjur Religion: Islam
 Nationality: Indonesia Height: 155 Cm Weight: 60 Kg
 Marital Status Marrid *(Single/Married*/Separated/Divorced/Deserted*/Widowed*)*
***State since when:** _____

Husband's Name: ling Age: _____ Occupation: Buruh
 Father's Name: UMAD Age: _____ Occupation: _____
 Mother's Name: ERUM Age: _____ Occupation: _____
 Number of Brothers: 3 Age of Brothers: _____
 Number of Sisters: 3 Age of Sisters: _____

I am number 3 in the family

Who is the breadwinner in your family?

What would you do if you received news that a member of your family has become ill/die:

Return home immediately

Send Money

Or What else will you do? _____

PARTICULARS OF CHILDREN

No:	Name:	Age:	Sex:
1	<u>Maemunah</u>	<u>20</u>	<u>Women</u>
2	<u>Siti</u>	<u>17</u>	<u>Women</u>
3	<u>Iklas</u>	<u>12</u>	<u>Men</u>
4	<u>Rasid</u>	<u>3</u>	<u>Men</u>
5			

LANGUAGES SPOKEN

- 1 Indonesia
 2 _____
 3 _____



ENGLISH LANGUAGE FLUENCY

	Poor	Fair	Good	Excellent
Speaking				
Reading				
Writing				
Understanding				

EDUCATIONAL BACKGROUND

	Name of Institution	Year Graduated:
Elementary School:	SD CIKIDANG	1990-1996
High School:		
Others:		

EMPLOYMENT RECORD

Name of Employer:	Country:	Year		Reason for leaving:
		From:	To:	
	2 thn (Oman)	2010	2012	

(The Interviewer should tick[/] “Willing to learn(W)” or “experienced(E)” or “Not Willing(N)” ONLY after receiving the appropriate answer from the Applicant.

	W	E	N
To care for Newborn Baby-up to six months of age.		✓	
To care for Baby 6 to 12 months of age.		✓	
To care for young children from 1 to 6 years of age.		✓	
To care for young children from 6 to 12 years of age.		✓	
To care for children over 12 years of age.		✓	
To sleep with baby/child at night.		✓	
To change nappies.		✓	
To wash soiled nappies.		✓	
To Wash and Bathe the baby/ child.		✓	
To Sterilize and clean feeding bottles.		✓	
To Bottle feed babbies up to 12 months of age.		✓	
To Prepare Baby’s formula feed.		✓	
To play with the children.		✓	
To Tutor children or help with their homework assignments.	✓		
To operate electric washing machine.		✓	
To wash the Family personal laundry by hand.		✓	
To Iron clothes- including silks/synthetics/cottons/woollens.		✓	
To operate the vacuum cleaner.		✓	
To operate electric floor polisher.		✓	
To Clean and maintain refrigerator/bottle cooler/freezer.		✓	
To operate electric oven.	✓		
To operate gas/electric cooking range.	✓		

	W	E	N
To operate electric/food/sewing machine.	✓		
To look after mentally retarded child/children.	✓		
To look after crippled child/children.	✓		
To look after elderly / invalid parent of the Employer.	✓		
To look after dog/s.	✓		
To trim or cut hair.	✓		
To do Midwifery or Home Nursing assignments.	✓		
To render First Aid in an emergency.	✓		
To use the telephone if and when necessary.	✓		
To swim or teach child/children swimming.	✓		
To cook meals.		✓	
To drive a car.			✓
To go to the market or do shopping for the family.	✓		

	NO	YES
Do you smoke or use tobacco?	✓	
Do you consume alcohol?	✓	
Have you ever taken narcotics?	✓	
Are you left-handed?	✓	
Have you undergone any surgery?	✓	
Have you been sterilised?	✓	
Do you suffer from any serious illness?	✓	
Are you currently under any medication?	✓	
Do you suffer from menstrual discomfort?	✓	
Have you ever suffered from:		
Asthma	✓	
Blood Pressure	✓	
Diabetes	✓	
Epilepsy	✓	
Filarial	✓	
Heart Disease	✓	
Malaria	✓	
Mental Illness	✓	
Migraine Headaches	✓	
Sinusitis	✓	
Skin Disease	✓	
T.B.	✓	
Tooth Decay	✓	

	NO	YES
Do you agree to work without off days?		✓
Do you agree to go out with your Employer?		✓
Do you have any friends/relatives in Malaysia?	✓	
Do you promise not to invite friends / relatives without your Employers permission?		✓
Can you say "Sorry" and admit your mistakes when you are in the wrong?		✓
Can you accept scolding from your employer and still maintain a pleasant attitude?		✓
Do you promise not to cry in the presence of your Employer?		✓
Will you be honest and faithful to your Employer?		✓
Will you wear the uniform when working?		✓
If your employer request you to help at his parent's house, will you do so?		✓
Are you afraid to stay home alone in the night?	✓	
Are you afraid of dogs?		✓

PLEASE GIVE A PERSONAL NOTE TO YOUT EMPLOYER

FOR MY EMPLOYER I WILL DO MY BEST FOR WORKING I'M HARD WORKING PESRSON.

(Full signature of the Applicant)

(Countersigned by the interview)

SUMMARY OF EVALUATION DONE BY THE INTERVIEWER

PERSONALITY

a Appearance	<input checked="" type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Pleasant	<input type="checkbox"/>	Very Pleasant
b Dressing	<input type="checkbox"/>	Shabby	<input type="checkbox"/>	Neat	<input type="checkbox"/>	Very Neat
c Personal Hygiene	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Good
d Complexion	<input type="checkbox"/>	Dark	<input type="checkbox"/>	Tanned	<input type="checkbox"/>	Fair

LANGUAGES

a English	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Little	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Fluent
b Chinese	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Little	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Fluent
c Other	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Little	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Fluent

SKILLS

Duty	None	Fair	Good	Excellent
A Cooking skills				
1. Indian Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chinese Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Western Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B Baby-care				
1. New Born	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. 6 months – 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C Care of Children				
D 1. Care of Aged Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care of Bedridden	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E Others				
1. General Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Ironing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gardening	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Wash Cars	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Care of Dogs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS – by Interviewer

Signature

Name: JUJU BT UMAD

Date: Bekasi, 20 maret 2018