

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:



Photos

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:	<u>CELEJAEN APOSAGA</u>	Passport Details	
Permanent address:	<u>BRGY. SAN ISIDRO, LAPAZ, ILOILO CITY</u>	Passport No:	<u>EC 170836</u>
		Date of Issue:	_____
	Tel. No: <u>+639218830751</u>	Date of Expiry:	_____
Date of Birth:	<u>DECEMBER 18, 1987</u>	Age:	<u>30</u>
Place of Birth:	<u>ILOILO CITY</u>	Religion:	<u>ROMAN CATHOLIC</u>
Nationality:	<u>FILIPINO</u>	Height:	<u>149 CM</u>
Marital Status:	<u>SINGLE</u>	Weight:	<u>45 KG</u>
		(Single/Married*/Separated/Divorced/Deserted*/Widowed*)	
		*State since when: _____	

Husband's Name:	<u>NONE</u>	Age:	_____	Occupation:	_____
Father's Name:	<u>JONIE APOSAGA</u>	Age:	<u>60</u>	Occupation:	<u>DECEASED</u>
Mother's Name:	<u>CANDELARIA APOSAGA</u>	Age:	<u>59</u>	Occupation:	<u>HOUSEWIFE</u>
Number of Brothers:	<u>2</u>	Age of Brothers:	_____		
Number of Sisters:	<u>2</u>	Age of Sisters:	_____		

I am number 2 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	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

LANGUAGES SPOKEN

1	<u>ENGLISH</u>
2	<u>TAGALOG</u>
3	<u>HILIGAYNON</u>



ENGLISH LANGUAGE FLUENCY

	Poor	Fair	Good	Excellent
Speaking			✓	
Reading			✓	
Writing			✓	
Understanding			✓	

EDUCATIONAL BACKGROUND

	Name of Institution	Year Graduated:
Elementary School:	TICUD ELEMENTARY SCHOOL	2001
High School:	LAPAZ NATIOANL HIGH SCHOOL	2005
Others:	WEST VISAYAS STATE UNIVERSITY	2009

EMPLOYMENT RECORD

Name of Employer:	Country:	Year		Reason for leaving:
		From:	To:	
BONNIE LAM	SINGAPORE	JAN 2015	JUN 2016	1 YEAR AND 6 MONTHS
AIZNEN ZHANG	SINGAPORE	AUG 2016	SEP 2017	1 YEAR

(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 babies 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

(Full signature of the Applicant)

(Countersigned by the interview)

SUMMARY OF EVALUATION DONE BY THE INTERVIEWER

PERSONALITY

a Appearance	<input type="checkbox"/>	Fair	<input 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 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

<i>Duty</i>	<i>None</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>
A Cooking skills				
1. Indian Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chinese Food	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 6 months – 1 year	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C Care of Children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D 1. Care of Aged Parent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Care of Bedridden	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
4. Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Wash Cars	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Care of Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS – by Interviewer

Signature

Name: _____

Date: _____