

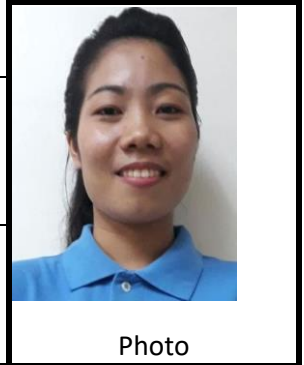
APPLICATION FOR EMPLOYMENT AS DOMESTIC HELPER

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:



Photo

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>CHARRY DE LOS SANTOS</u> | Passport Details |
| Permanent address: | <u>TALONGONAN PASSI CITY ILOILO</u> | Passport No: <u>EC7602889</u> |
| | | Date of Issue: <u>MAY 03, 2016</u> |
| | Tel. No: <u>+639501853361</u> | Date of Expiry: <u>MAY 02, 2021</u> |
| Date of Birth: <u>JULY 30, 1993</u> | Age: <u>24</u> | Place of Issue: _____ |
| Place of Birth: <u>PASSI CITY ILOILO</u> | Religion: <u>Catholic</u> | |
| Nationality: <u>FILIPINO</u> | Height: <u>154</u> | Weight: <u>46 KG</u> |
| Marital Status: <u>SINGLE</u> | (Single/Married*/Separated/Divorced/Deserted*/Widowed*) | |
| | *State since when: _____ | |

| | | |
|------------------------------------------|-----------------------------------|------------------------------|
| Husband's Name: _____ | Age: _____ | Occupation: _____ |
| Father's Name: _____ | Age: _____ | Occupation: _____ |
| Mother's Name: <u>NIDA DE LOS SANTOS</u> | Age: <u>50</u> | Occupation: <u>HOUSEWIFE</u> |
| Number of Brothers: <u>2</u> | Age of Brothers: <u>35, 25</u> | |
| Number of Sisters: <u>4</u> | Age of Sisters: <u>26, 38, 40</u> | |

I am number 1 in the family

Who is the breadwinner in your family? Me

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? **IT'S UP TO MY EMPLOYER'S DECISION**

PARTICULARS OF CHILDREN

| No: | Name: | Age: | Sex: |
|-----|------------------------|----------|----------|
| 1 | <u>EZZYKIEL ALARBA</u> | <u>5</u> | <u>M</u> |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |

LANGUAGES SPOKEN

1 ENGLISH

2 _____

3 _____



ENGLISH LANGUAGE FLUENCY

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

EDUCATIONAL BACKGROUND

| | Name of Institution | Year Graduated: |
|--------------------|-------------------------------------|-----------------|
| Elementary School: | JAGUIMITAN ELEMENTARY SCHOOL | 2006 |
| High School: | PASSI NATIONAL HIGH SCHOOL | 2010 |
| Others: | PASSI CITY COLLEGE | 2012 |

EMPLOYMENT RECORD

| Name of Employer: | Country: | Year | | Reason for leaving: |
|--------------------|------------------|-------------|-------------|-----------------------------------|
| | | From: | To: | |
| HO KONG TAI | MALAYSIA | 2013 | 2015 | FINISHED CONTRACT. |
| RUBY GOH | SINGAPORE | 2017 | 2019 | EMPLOYER FOR GOOD TO CHINA |

(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 YOUR EMPLOYER

HI MAAM, SIR,

IT'S MY PLEASURE IF YOU CHOOSE ME AS YOUR HELPER. I PROMISE TO DO MY RESPONSIBILITIES AS YOUR HELPER AS YOUR ELPER AND I PROMISE YOU I WILL ALWAYS BE HONEST AND I ALSO PROMISE YOU I WILL NOT BRING TROUBLE. I AM VERY HARDWORKING WOMAN.

THANK YOU AND GOD BLESS.

CHARRY DE LOS SANTOS

(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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Chinese Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Western Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B Baby-care | | | | |
| 1. New Born | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 6 months – 1 year | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C Care of Children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D 1. Care of Aged Parent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Care of Bedridden | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E Others | | | | |
| 1. General Housekeeping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Washing | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Wash Cars | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Care of Dogs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REMARKS – by Interviewer

Signature

Name: _____

Date: _____