

APPLICATION FOR EMPLOYMENT AS DOMESTIC HELPER

PREFERENCES

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

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

REFERENCE NO:



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>CHERRY ANN CABO ABABON</u>	Passport Details
Permanent address:	<u>UPPER TAWOG VALLADOLID CAR CAR</u>	Passport No: <u>ON PROCESS</u>
CEBU CITY		Date of Issue: _____
	Tel. No: <u>+639262265340</u>	Date of Expiry: _____
Date of Birth: <u>OCTOBER 21, 1988</u>	Age: <u>29 YEARS OLD</u>	Place of Issue: _____
Place of Birth: <u>SOUTH COTABATO</u>	Religion: <u>CATHOLIC</u>	
Nationality: <u>FILIPINO</u>	Height: <u>152.4 CM</u>	Weight: <u>55 KG.</u>
Marital Status <u>SINGLE MOTHER</u>	(Single/Married*/Separated/Divorced/Deserted*/Widowed*)	
	*State since when: _____	

Husband's Name: _____	Age: _____	Occupation: _____
Father's Name: <u>ARTEMIO ABABON</u>	Age: <u>50</u>	Occupation: <u>FARMER</u>
Mother's Name: <u>ALMABELLIA ABABON</u>	Age: <u>49</u>	Occupation: <u>HOUSEWIFE</u>
Number of Brothers: <u>(3) THREE</u>	Age of Brothers: <u>32, 24 AND 17 YEARS OLD</u>	
Number of Sisters: <u>(9) NINE</u>	Age of Sisters: <u>35, 33, 26, 22, 19, 18, 16, 15 AND 13 YEARS OLD</u>	
I am number <u>4</u> 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	<input type="checkbox"/>
Send money home	<input checked="" type="checkbox"/>

Or What else will you do? _____

PARTICULARS OF CHILDREN

No:	Name:	Age:	Sex:
1	<u>ASHLEY NICHOLE NAVARRO</u>	<u>9</u>	<u>F</u>
2	<u>CLIDE CEDRIC NAVARRO</u>	<u>4</u>	<u>M</u>
3	<u>AICAH NOREEN NAVARRO</u>	<u>1</u>	<u>F</u>
4	_____	_____	_____
5	_____	_____	_____

LANGUAGES SPOKEN

- | | |
|---|----------------|
| 1 | <u>ENGLISH</u> |
| 2 | <u>TAGALOG</u> |
| 3 | <u>CEBUANO</u> |



ENGLISH LANGUAGE FLUENCY

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

EDUCATIONAL BACKGROUND

	Name of Institution	Year Graduated:
Elementary School:	LAGTANG ELEMENTARY SCHOOL	2001
High School:	TABUNOK NATIONAL HIGH SCHOOL	2005
Others:		

EMPLOYMENT RECORD

Name of Employer:	Country:	Year		Reason for leaving:
		From:	To:	
MR. AND MRS. SANCHEZ	PHILIPPINES	2007	2009	FINISH CONTRACT
MR. AND MRS. NAVASQUEZ	PHILIPPINES	2011	2012	FINISH CONTRACT

(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/woolens.		✓	
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 sterilized?	✓	
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

I HAVE (3) THREE KIDSAND I'M A SINGLE MOM. I AM A SELF-MOTIVATED AND AN OPTIMISTIC PERSON. I AM WILLING TO LEARN ALL DUTIES INSIDE YOUR HOUSE. I PROMISE TO DO ALL MY DUTIES.

THANK YOU AND HAVE A GOOD DAY!

CHERRY ANN C. ABABON

(Full signature of the Applicant)

(Countersigned by the interview)

SUMMARY OF EVALUATION DONE BY THE INTERVIEWER

PERSONALITY

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

LANGUAGES

a English	<input type="checkbox"/>	Poor	<input type="checkbox"/>	Little	<input checked="" 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 checked="" 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				
2. Care of Bedridden	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
4. Gardening	<input checked="" type="checkbox"/>	<input 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: _____

Date: _____