



REFERENCE NO. DOMESTIC HELPER

FULL NAME : ANISA OBAK AMIL
First Name Middle Name Last Name

DATE OF BIRTH APR 26 1970

AGE 41

PLACE OF BIRTH MAGUINDANAO

PRESENT ADDRESS TALAYAN MAGUINDANAO

MARITAL STATUS MARRIED

NUMBER OF CHILDREN 1

HEIGHT 152 CM

WEIGHT 60

RELIGION MUSLIM

Do you need any special diet because of religion? _____

PASSPORT DETAILS

FIRST TIME ABROAD

EX-ABROAD

PASSPORT NO.: P5271703B

DATE OF ISSUE 29 JUN 2020

EXPIRY DATE: 28 JUN 2030

PLACE ISSUE PE ABU DHABI

EDUCATIONAL BACKGROUND

NAME OF SCHOOL _____ LEVEL PASSED ELEMENTARY UNDER GRAD

WORK EXPERIENCE -(PHILIPPINES)

POSITION	COMPANY	YEARS	REASON FOR LEAVING
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WORK EXPERIENCE -(ABROAD)

POSITION	COUNTRY	YEARS	STATUS
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DH	KSA	5	FINISH CONTRACT
DH	DUBAI- ABU DHABI	6	FINISH CONTRACT

UNDERTAKING

Care for baby, newborn

- | | | | |
|---------------------------------------|---|--|---|
| Newborn | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Cooking without supervision | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 1-6 yrs old | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Washing cloths by hand | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 7 yr old and above | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Housekeeping include
cleaning, washing, ironing | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Care for baby during the night | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Washing cars | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Care for elderly | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Gardening | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Care for sick / disabled | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Care for pets (specify: | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| Care for mentally challenged children | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |

PERSONAL QUESTION

- Are you prepared to work for employer of any race? YES NO
- Are you prepared to work for family of more than 6 members? YES NO
- Are you prepared to eat the type of food taken by your employer? YES NO
- Are you prepared to work for family with stay-in-mother-in-law or relatives? YES NO
- Are you prepared to work on off days with extra pay? YES NO
- Are you prepared to accept off day set by your employer? YES NO
- Would you finish your morning chores before going out during off day? YES NO
- Are you willing to return home not later than the time set by your employer? YES NO
- Are you afraid of being left alone in the house? YES NO
- Are you afraid of dogs or other pets? YES NO
- Can you promise not to use the telephone without your employer's permission? YES NO
- Can you promise not to invite friends/relatives home without your employer's permission? YES NO
- Can you promise not to ask for advances salary from your employer at any time? YES NO
- Can you promise to work according to instructions from your employer? YES NO
- Can you promise not to put on make up or nail polish while at work? YES NO
- Are you a smoker or alcoholic drinker? YES NO
- Are you fully aware that your contract to work in Malaysia is 2 years? YES NO
- Would you agree to pay for your airfare home if you don't complete your contract? YES NO
- Are you prepared to extend your contract after completing the initial 2 years? YES NO
- Have you suffered any serious or prolonged illness or undergone any surgery? YES NO

If yes, please provide date: _____

Describe what you will do if you are not satisfied with your Employer? _____

Tell us about your experience in taking care of baby/young children? State their ages & your duties.

Tell us about your experience in taking care of sick/elderly people? What was the medical condition?

On a scale of 1 to 10, how would you rate your cooking (1 - very poor ; 10 - excellent) Rating: _____

a) Name the dishes you can cook : _____

b) How often you cook for your family member? _____

Any job you are NOT WILLING to undertake as a Domestic Help YES NO

Do you have any immediate family working in Malaysia? Who? YES NO



AGENSI PEKERJAAN VSHINE SDN. BHD. (JTKSM 1228)

COMPANY NO. 202201013655 (1459352-W)
NO.77-B (2ND FLOOR), LORONG SANGGUL 1F, BANDAR PUTERI
41200 KLANG, SELANGOR DARUL EHSAN
EMAIL: GENERAL@APVSHINE.COM H/P: 012-520 9500 Tel: 03-5892 3397

I HEREBY CONFIRM THAT ALL ANSWERS AND INFORMATION GIVEN BY ME ABOVE ARE TRUE AND CORRECT. ANY DELIBERATE FALSIFICATION MAY RESULT IN EARLY TERMINATION OF MY CONTRACT AND REPATRIATION TO PHILIPINES AT MY OWN EXPENSE

ANISA OBAK AMIL

Name Of Applicant

Signature Of Applicant

Date

EVALUATION BY INTERVIEWER

	POOR	FAIR	GOOD	EXCELLENT
First Impression	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neatness & Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Pronunciation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Express	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alertness & Responsiveness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mannerism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complexion Dark Tanned Fair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: _____

