



REFERENCE NO. DOMESTIC HELPER

FULL NAME : NORAISA SANDIGAN SAGANDING  
First Name Middle Name Last Name

DATE OF BIRTH 05 OCT 1988

AGE 33

PLACE OF BIRTH PAGALUNGAN MGD

PRESENT ADDRESS PAGALUNGAN MGD

MARITAL STATUS MARRIED

NUMBER OF CHILDREN 2

HEIGHT 5'3

WEIGHT 55

RELIGION ISLAM

Do you need any special diet because of religion? \_\_\_\_\_

**PASSPORT DETAILS**

FIRST TIME ABROAD

EX-ABROAD

PASSPORT NO.: P9241914B

DATE OF ISSUE 19 MAR 2022

EXPIRY DATE: 18 MAR 2032

PLACE ISSUE DFA MANILA

**EDUCATIONAL BACKGROUND**

NAME OF SCHOOL \_\_\_\_\_ LEVEL PASSED ELEMENTARY LEVEL

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK EXPERIENCE -(PHILIPPINES)**

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

POSITION	COUNTRY	YEARS	STATUS
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	<u>KSA</u>	<u>2018-2019</u>	
	<u>KUWAIT</u>	<u>2019-2022</u>	

## UNDERTAKING

### Care for baby, newborn

Newborn

YES  NO

Cooking without supervision  YES  NO

1-6 yrs old

YES  NO

Washing cloths by hand  YES  NO

7 yr old and above

YES  NO

Housekeeping include  YES  NO

Care for baby during the night

YES  NO

cleaning, washing, ironing

Care for elderly

YES  NO

Washing cars  YES  NO

Care for sick / disabled

YES  NO

Gardening  YES  NO

Care for mentally challenged children

YES  NO

Care for pets (specify:  YES  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**

NORAISA SANDIGAN SAGANDING

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 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

