



REFERENCE NO. _____

FULL NAME : CHRISTINA REYES HORTALEZA
First Name Middle Name Last Name

DATE OF BIRTH 06/20/1999

AGE 24

PLACE OF BIRTH MANILA

PRESENT ADDRESS 100 SAN ANDRES BUKID MANILA

MARITAL STATUS SINGLE

NUMBER OF CHILDREN 0

HEIGHT 155CM

WEIGHT 55

RELIGION CATHOLIC

Do you need any special diet because of religion? NO

PASSPORT DETAILS

FIRST TIME ABROAD EX-ABROAD

PASSPORT NO.: P3265817B DATE OF ISSUE 14 MAY 2023

EXPIRY DATE: 15 MAY 2033 PLACE ISSUE DFA MANILA

EDUCATIONAL BACKGROUND

NAME OF SCHOOL _____ LEVEL PASSED UNDER GRADUATE

WORK EXPERIENCE -(PHILIPPINES)

POSITION	COMPANY	YEARS	REASON FOR LEAVING
NANNY	LIS DE LEON	2	APPLYING ABROAD

WORK EXPERIENCE -(ABROAD)

POSITION	COUNTRY	YEARS	STATUS

UNDERTAKING

Care for baby, newborn

- | | | | |
|---------------------------------------|---|--|---|
| Newborn | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | Cooking without supervision | <input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> YES <input checked="" 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 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: 7

a) Name the dishes you can cook : FILIPOINO FOOD

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

- Any job you are NOT WILLING to undertake as a Domestic Help YES NO
- Do you have any immidiate 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

CHRISTINA REYES HORTALEZA

06/16/2023

Name Of Applicant

Date

Signature Of Applicant

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Remarks: _____

