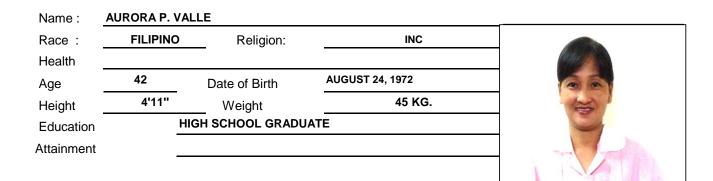
Ref. No. APS - 006

READY PASSPORT

APPLICANT'S QUALIFICATION HIGHLIGHTS





INTERVIEW APPRAISAL

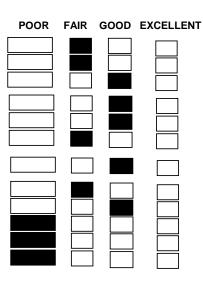
Personality
Facial Expression
Household works

Care of Babies Care of young children Care of elderly/disabled

> Cooking Experience in working as a house maid Spoken English Spoken Cantonese Spoken Mandarin Spoken Teachew

opoken redonew

Other Languages



ADDRESS: 1052 LAWA TIANONG GUIGUINTO, BULACAN				TEL:				
PLEASE ANSWER IN (CHRONOLOGI		1-10					
4 COOKING 5	CARE OF	2 WASHING	3 IROI	NING	6	CARE OF		CARE OF
BABIES 9 CARE OF DISABLED 1 CLEANING 8 TUTORING					YOUNG CHILDREN		-	ELDERLY CARE OF PETS
SPECIAL ABILITIES 1. CLEAN	IING	2. WAS	SHING		3.		IROI	NING
	PRE	EVIOUS EMPLOYME	NT					
1. NAME OF EMPLOYE MRS. A	FROM - TO 2000 - 2004		SALARY PHP. 7,000		POSITION			
LOCATION OF EMPL BULAC	DESCRIPTION OF	DESCRIPTION OF JOB TEL. NO			REASON TO LEAVE COMPANY CLOSE			
2. NAME OF EMPLOYER		FROM - TO	FROM - TO SALARY			POSITION		
LOCATION OF EMPLOYER		DESCRIPTION OF	^{; JOB} TEL	TEL. NO.		REASON TO LEAVE		
3. NAME OF EMPLOYER		FROM - TO	SAL	LARY		POSITION		
LOCATION OF EMPLOYER		DESCRIPTION OF	DESCRIPTION OF JOB TEL. NO			REASON TO LEAVE		
4. NAME OF EMPLOYER		FROM - TO	SALARY			POSITION		
LOCATION OF EMPLOYER		DESCRIPTION OF	DESCRIPTION OF JOB TEL. NO.			REASON TO LEAVE		
SINGLE	MARRIED				SEPARATED	WIDOW		WIDOW
NAME OF SPOUSE	AGES	OCCUPATION	NO OF SC	ONS	AGES	NO OF DAUGH	TERS	AGES
ROBERTO C. VALLE NAME OF FATHER	42 AGES	OFW OCCUPATION			OF MOTHER	AGES		22 OCCUPATION
JOSE C. PAGUINTO	NOLO	DECEASED	А		A PAGUINTO	DECEASED		
NO OF BROTHER(S) 4	AGES 52,49,48,43	NO OF SISTER(S) 3		AGES I AM THE IN THE FAMILY 50,47,40 7TH				
		EDUCATION	AL BACKG	ROUN	D			
FINAL EDUCATION		NAME OF INSTITUT	NAME OF INSTITUTE		LOCATION		FROM - TO	
SPECIAL COURSES		NAME OF INSTITUT	NAME OF INSTITUTE		LOCATION			FROM - TO
2								
3.								
All statements made by me in	n this application are	, .	0	ven herei	n can be considered suff icient	t cause of terminatio	n with	
DATE OF APPLICATION: JANUARY 22, 2015 AURORA P.					LLE	APPLICATION	TAKE	N BY:
REMARK:	,	I						

ANSWER SHEET

Please answer by yes or no below to sho which of the following duties you are willing to undertake and which you have had experience at

	WILLING	EXPERIENCED
1. Care of Babies aged 0-3 months	YES	YES
2. Care of Babies aged 3-12 months	YES	YES
3. Change nappies	YES	YES
4. Feed baby	YES	YES
5. Care of Children aged 1-5 years	YES	YES
6. Care of Children aged 5-10 years	YES	YES
7. Care of Children over 10 years	YES	YES
8. General Housework	YES	YES
9. Operate Washing Machine	YES	YES
10. Operate carpet cleaner	YES	YES
11. Operate drier	YES	YES
12. Do personal laudry by hand	YES	YES
13. Sewing	YES	YES
- 14. Ironing	YES	YES
- 15. Do plain cooking	YES	YES
16. Look after semi-invalid person	NO	NO
17. Look after invalid person	NO	NO
18. Look after elderly person	YES	YES
19. Play with children	YES	YES
20. Drive private vehicle	NO	NO
Have you worked abroad before?: NO if so, where?		
Name of employer?:		
Reason for Leaving?:		

Please state in few sentences why you want to work abroad:

I WANT TO WORK ABROAD TO EARN MONEY FOR ME TO HELP MY FAMILY

If you will work in abroad (Malaysia) and you feel home sickness what would you do?

I'LL MAKE MYSELF BUSY, DOING THE HOUSE HOLD WORK FOR ME NOT TO HAVE TIME TO THINK MY FAMILY IN THE PHIL.

1. Are you prepared to eat Chinese food only?	Yes No
2. Are you prepared to eat Western food only?	Yes 🗌 No
3. Are you prepared to work for Chinese family?	Yes 🗌 No
4. Are you prepared to work for a Western family?	Yes 🗌 No
5. Are you prepared to use the telephone only with employer's permission?	Yes 🗌 No
6. Are you prepared to take your day off set by your employer?	Yes 🗌 No
7. Are you prepared to give up some of your day off to earn more in addition to you basic salary	Yes 🗌 No
8. On you day off, are you prepared to finish the morning chores before going out?	Yes 🗌 No
9. Are you prepared to return home not later than 7:00 P.M. during you day off?	Yes 🗌 No
10. Can you promise not to ask salary advance from your employer no matter what the circumstances may be?	Yes 🗌 No
11. Are you prepared to follow the code of discipline drawn up by your agency?	Yes 🗌 No
12. Are you prepared to shoulder your own return airfare if you do not finish your 2 years contract?	Yes 🗌 No
13. Are you ready to follow your employer if they emigrate to other country?	🗌 Yes 📕 No
14. Can you promise not to invite your friends to your employer's residence without his/her consent?	Yes 🗌 No
15. Can you promise not to use make-up while at work?	Yes 🗌 No
16. If only member of your family becomes seriously ill, would you want to go home at your own expense?	Yes 🗌 No
17. If any immediate member of your family should die while abroad would you like to go home at your expenses?	Yes 🗌 No
18. Are you ready to extend your contract after 2 years?	Yes 🗌 No
19. Do you smoke?	🗌 Yes 📕 No
20. Do you drink alcohol?	🗌 Yes 📕 No
21. Are you afraid of dogs? Other pets?	Yes No
22. Are you afraid of being left alone in the house at night?	🗌 Yes 📕 No
23. Do you have any physical defect?	🗌 Yes 📕 No
24. Do you suffer from any allergy? If so, what?	🗌 Yes 📕 No
25. Have you suffered from any serious illness before?	🗌 Yes 📕 No
26. Have you undergone any operation over the lasr 12 months?	🗌 Yes 📕 No
27. Do you suffer from any skin diseased?	🗌 Yes 📕 No
28. Must you attend church weekly?	🗌 Yes 📕 No

DECLARATION: I hereby confirm that the information and answer given on this application are true and accurate to the best of my knowledge and belief, and realize that any falsification or misrepresentation of this may result in my being repatriated to the place of my origin at my own expense. I further declare that I fully understood at the details given by the agency about employment abroad, contents of working contract, including terms and conditions offered by prospective employer.