

Ref. No. APS - 001

READY PASSPORT

APPLICANT'S QUALIFICATION HIGHLIGHTS

Name : **MIRALUNA D. GAMBALAN**
Race : **FILIPINO** Religion: **CATHOLIC**
Health
Age **42** Date of Birth **DECEMBER 27, 1972**
Height **4'10"** Weight **46 KG.**
Education **COLLEGE GRADUATE**
Attainment **COMPUTER SECRETARY**



INTERVIEW APPRAISAL

	POOR	FAIR	GOOD	EXCELLENT
Personality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial Expression	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household works	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care of Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care of young children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care of elderly/disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Experience in working as a house maid	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spoken English	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spoken Cantonese	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken Mandarin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken Teachew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Languages _____

ADDRESS: <u>BLK. 4 LOT 1 TOWERVILLE SAPANG LAMIG</u> <u>MINUYAN PROPER CSDL BULACAN</u>		TEL: _____	
PLEASE ANSWER IN CHRONOLOGICAL ORDER FROM 1-10			
<input type="checkbox"/> 2 COOKING	<input type="checkbox"/> 1 CARE OF BABIES	<input type="checkbox"/> 4 WASHING	<input type="checkbox"/> 5 IRONING
<input type="checkbox"/> 9 CARE OF DISABLED	<input type="checkbox"/> 3 CLEANING	<input type="checkbox"/> 2 TUTORING OF CHILDREN	<input type="checkbox"/> 10 CARE OF PETS
SPECIAL ABILITIES			
1. <u>CARE OF BABIES</u>		2. <u>COOKING</u>	
3. <u>CLEANING</u>			
PREVIOUS EMPLOYMENT			
1. NAME OF EMPLOYER MR. LIM		FROM - TO 1994 - 1995	SALARY PHP. 4,810
LOCATION OF EMPLOYER CALOOCAN CITY		DESCRIPTION OF JOB	REASON TO LEAVE GOT PREGNANT
2. NAME OF EMPLOYER		FROM - TO	SALARY
LOCATION OF EMPLOYER		DESCRIPTION OF JOB	REASON TO LEAVE
3. NAME OF EMPLOYER		FROM - TO	SALARY
LOCATION OF EMPLOYER		DESCRIPTION OF JOB	REASON TO LEAVE
4. NAME OF EMPLOYER		FROM - TO	SALARY
LOCATION OF EMPLOYER		DESCRIPTION OF JOB	REASON TO LEAVE
<input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOW			
NAME OF SPOUSE GILBERT GAMBALAN	AGES 44	OCCUPATION WELDER	NO OF SONS 3
NAME OF FATHER FERMIN DIACAMOS	AGES 47,40,38,34	OCCUPATION DECEASED	NAME OF MOTHER LEONISA DIACAMOS
NO OF BROTHER(S) 4	AGES 47,40,38,34	NO OF SISTER(S) 1	AGES 49
NO OF DAUGHTERS 4		AGES 22,20,19	
OCCUPATION DECEASED		OCCUPATION DECEASED	
I AM THE _____ IN THE FAMILY 4TH			
EDUCATIONAL BACKGROUND			
FINAL EDUCATION	NAME OF INSTITUTE	LOCATION	FROM - TO
SPECIAL COURSES	NAME OF INSTITUTE	LOCATION	FROM - TO
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
All statements made by me in this application are true and correct, any false information given herein can be considered sufficient cause of termination with no warning.			
DATE OF APPLICATION: JANUARY 22, 2015	APPLICANT'S SIGNATURE MIRALUNA D. GAMBALAN		APPLICATION TAKEN BY:
REMARK:			

ANSWER SHEET

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

	<u>WILLING</u>	<u>EXPERIENCED</u>
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 laundry by hand	YES	YES
13. Sewing	YES	YES
14. Ironing	YES	YES
15. Do plain cooking	YES	YES
16. Look after semi-invalid person	YES	YES
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 THE FUTURE OF MY FAMILY AND FOR MY CHILDREN.

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

I'LL JUST MAKE MY SELF BUSY FOR ME NOTR TO HAVE TIME TO THINK MY FAMILY IN THE PHILIPPINES.

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.