

For office use only	
Agency	FMW
Job Requested	DH
Video Attached	

CV House Maid

PERSONAL DETAILS

<input type="text" value="SALTA"/>	<input type="text" value="ROSITA"/>	<input type="text" value="FORNALIZA"/>	<input type="text" value="45"/>	<input type="text" value="F"/>	
Surname (family)	First Name (given)	Middle Name	Age	Sex	Mobile Phone No'
<input type="text" value="NOV 13, 1974"/>	<input type="text" value="PASAY"/>	<input type="text" value="151 YELLOW BELL COR, KATUPAN, BRGY COMMONWEALTH QC"/>		<input type="text" value="121.92"/>	<input type="text" value="95"/>
Date of Birth	Place of Birth:	Home Address:		Height	Weight
<input type="text" value="FILIPINO"/>	<input type="text" value="P7148110A"/>	<input type="text" value="MAY 10, 2028"/>	<input type="text" value="SEPARATED"/>	<input type="text" value="CATHOLIC"/>	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

<input type="text" value="CLETO"/>	<input type="text" value="80"/>	<input type="text" value="NONE"/>	<input type="text" value="NATY"/>	<input type="text" value="79"/>	<input type="text" value="NONE"/>			
Father Name	Age	Occupation	Mother Name	Age	Occupation	Spouse Name	Age	Occupation
<input type="text" value="JOHN FELIX"/>	<input type="text" value="19"/>	<input type="text" value="M"/>	<input type="text" value="JUSTIN"/>	<input type="text" value="21"/>	<input type="text" value="M"/>			
Child Name	Age	Sex	Child Name	Age	Sex	Child Name	Age	Sex
Who will take care on the children while you are working in Cyprus?						<input type="text" value="MY SISTER IN LAW"/>		

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer -1</u>					
<input type="text" value="SAUDI"/>	<input type="text" value="DOMESTIC HELPER"/>	<input type="text" value="NOV 2014 - MAR 2016"/>	<input type="text" value="ALHUMAM"/>		
Country	Job Title	Dates	Employer Name	Phone No'	
Care of new-born up to 1 year old	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Care of children over 1 year old	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many? <input type="text"/>	Age <input type="text"/>	
Care of disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age <input type="text"/>	Sex <input type="text"/>	
Care of Old People	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age <input type="text"/>	Sex <input type="text"/>	
Care of Pets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details <input type="text"/>		
Duties	<input type="text" value="1DH,6BR,7WC,6MEM.DO HOUSEHOLD CHORES SUCH AS CLEANING,COOKING,MARKETING,WASHING,IRONING,GARDENING,MARKETING,FOCUS ON HSW."/>				

<u>Employer - 2</u>					
<input type="text" value="OMAN"/>	<input type="text" value="DOMESTIC HELPER"/>	<input type="text" value="OCT 2017 - SEPT 2019"/>	<input type="text" value="ALBUSAIIDI"/>		
Country	Job Title	DATE	Employer Name	Phone No'	
Care of new-born up to 1 year old	Yes <input type="checkbox" value="1"/>	No <input type="checkbox"/>	8MOS		
Care of children over 1 year old	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many? <input type="text"/>	Age <input type="text"/>	
Care of disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age <input type="text"/>	Sex <input type="text"/>	
Care of Old People	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age <input type="text"/>	Sex <input type="text"/>	
Care of Pets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details <input type="text"/>		
Duties	<input type="text" value="1DH,6BR,6WC,5MEM.DO HOUSEHOLD CHORES SUCH AS CLEANING,COOKING,MARKETING,WASHING,IRONING,GARDENING,MARKETING,TAKING CARE OF AN 8 MONTH OLD BABY GIRL,BATHING,FEEDING,STERILIZING BABY BOTTLES."/>				

OTHER EMPLOYMENT HISTORY

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Job Title	Dates	Employer Name	Duties
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Job Title	Dates	Employer Name	Duties
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Job Title	Dates	Employer Name	Duties

EDUCATIONAL BACKGROUND

WESTERN FORT ELEMENTARY	1982-1988	FBCS	1988-1992
Elementry School Name	Dates (YYYY-YYYY)	High School Name	Dates (YYYY-YYYY)
NABUA POLYTECHNIC COLLEGE	1994-1995	UNDERGRADUATE	MIDWIFERY
College \ university name	Dates (YYYY-YYYY)	Graduate \ Under	Course Name
English: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good	Other ? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good	Other ? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good	Other ? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good

PERSONAL QUESTIONS

Are you willing to accept the "NO-DAY-OFF" policy of your employer?	YES	/	NO	
Are you willing to accept and take your "DAY-OFFs" set by your employer?	YES	/	NO	
Are you prepared NOT to use the telephone or internet without permission or consent of your employer?	YES	/	NO	
Would you be able to follow the rules and regulations in the house set by your employer?	YES	/	NO	
Can you promise no visitor allowed without the consent of your employer?	YES	/	NO	
Do you smoke? (if yes, how many cigarettes a day? <input style="width: 50px;" type="text"/>)	YES		NO	/
Do you drink alcoholic beverages? (if yes, light, moderate, or heavy? <input style="width: 50px;" type="text"/>)	YES		NO	/
Have you experienced taking drugs? (if yes, please specify <input style="width: 100px;" type="text"/>)	YES		NO	/
Are you under medication? (if yes, please specify <input style="width: 100px;" type="text"/>)	YES		NO	/
Do you have disabilities/sickness? (if yes, please specify <input style="width: 100px;" type="text"/>)	YES		NO	/
Have you suffered from serious illness? (if yes, please specify <input style="width: 100px;" type="text"/>)	YES		NO	/
Any operations for the last year? (if yes, please specify <input style="width: 100px;" type="text"/>)	YES		NO	/
Do you suffer from any form of allergy? (if yes, please specify <input style="width: 100px;" type="text"/>)	YES		NO	/
Do you wear glasses while working? (if yes, please specify <input style="width: 100px;" type="text"/>)	YES		NO	/
Are you afraid of dogs, cats or other pets? (if yes, please specify <input style="width: 100px;" type="text"/>)	YES		NO	/
Would you be willing and/or able to handle taking care of pets?	YES	/	NO	
Can you promise to dress properly and without make-up and perfume while working?	YES	/	NO	
Can you promise to be good to your employer and or/ any member(s) of his family?	YES	/	NO	
Can you swim?	YES		NO	/
Can you drive vehicle?	YES		NO	/
Do you promise NOT take any salary advances from your employer?	YES	/	NO	
Can you promise to keep your personal hygiene and take a bath before sleep?	YES	/	NO	
Are you willing to eat Cypriot/ Western or any dishes same as your employer?	YES	/	NO	
Can you promise not to touch anything that is not yours, in your employer's house or another place	YES	/	NO	
Can you promise to report immediately and honestly something that you might have found?	YES	/	NO	

CAN YOU HANDLE THE FOLLOWING? (PLEASE TICK YOUR ANSWERS BELOW)

ELECTRICAL HOME APPLIANCES				HOUSEHOLD CHORES				BABY / PEDIATRIC CARE			
Washing Machine	Yes	/	No	Cleaning	Yes	/	No	Bathing	Yes	/	No
Rice Cooker	Yes	/	No	Washing	Yes	/	No	Dressing	Yes	/	No
Dish Drainer	Yes	/	No	Ironing	Yes	/	No	Diapers	Yes	/	No
Vacuum Cleaner	Yes	/	No	Cooking	Yes	/	No	Feeding	Yes	/	No
Floor Polisher	Yes	/	No	Gardening	Yes	/	No	Nurturing	Yes	/	No
Microwave Oven	Yes	/	No	Car Washing	Yes	/	No	Bedtime	Yes	/	No
Oven toaster	Yes	/	No	Marketing	Yes	/	No	Baby Massage	Yes	/	No
Electric Iron	Yes	/	No	Mopping floor	Yes	/	No	Sterilize Bottle	Yes	/	No
BEDRIDDEN CASES CARE				GERIATRIC \ INVALID CARE				CHILD/INFANT CARE			
Bed Bath	Yes	/	No	Bathing	Yes	/	No	Bathing	Yes	/	No
Check Sugar	Yes	/	No	Dressing	Yes	/	No	Dressing	Yes	/	No
Diapers	Yes	/	No	Diapers	Yes	/	No	Diapers	Yes	/	No
Tube Feeding	Yes	/	No	Oral Feeding	Yes	/	No	Oral Feeding	Yes	/	No
Gastric Tube (NGT)	Yes	/	No	Nurturing	Yes	/	No	Nurturing	Yes	/	No
Body Massaging	Yes	/	No	Baby Massage	Yes	/	No	Bedtime	Yes	/	No
Carry to wheel chair	Yes	/	No	Take for walk	Yes	/	No	Take for walk	Yes	/	No
Take Blood Pressure	Yes	/	No	Blood Pressure	Yes	/	No	Tutoring	Yes	/	No

ADDITIONAL PERSONAL QUESTIONS (please answer them with all honesty)

Why do you want to work abroad?	TO SUPPORT MY FAMILY AND MY KIDS
In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?	RESPECTFUL, HONEST, LONG PATIENCE AND LOYAL
What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?	I CAN COOK ARABIC DISH, FILIPINO DISH AND IM WILLING TO LEARN MORE
Do you have any friends / relatives in Cyprus? If yes, please give some details about them:	NONE
Please write a nice personal note below for your prospective employer to read about you:	HELLO MADAM/SIR I AM A PERSON THAT YOU CAN TRUST, HARDWORKING, HONEST AND RESPONSIBLE

DECLARATION

I hereby affirm that all information above were true, and that:

*I shall undergo the required medical & trade test exams at my own expense;

*The act of filing of such application & the required travel documents I submitted does not assure an immediate employment but a mere application for overseas employment;

*Upon acceptance by the employer I shall pay the required processing fee;

*If I withdraw my application, I shall pay a withdrawal fee to cover any and all administrative costs, paper works & time consumed;

*In three months after my employment, I shall not hold the respective recruitment agencies liable for any violation of my contract of employment;

*In any mis-declaration or misinterpretation I may have written/stated herein can become a just cause for my immediate dismissal in my employment in the future.

I ALSO HEREBY ATTEST THAT I am aware of the offered salary for the above position as stated above, and that I voluntarily, and on my own volition, will accept the said salary should I be hired.

FEB 27 2020

Date Applied

ROSITA SALTA

Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:

Cyprus Agent:

Other:

