

<b>For office use only</b>	
Agency	FMW
Job Requested	DH
Video Attached	

# CV House Maid

### PERSONAL DETAILS

<input type="text" value="LIQUIT"/>	<input type="text" value="JOVILYN"/>	<input type="text" value="JALNAIZ"/>	<input type="text" value="41"/>	<input type="text" value="F"/>	<input type="text"/>
<b>Surname (family)</b>	<b>First Name (given)</b>	<b>Middle Name</b>	<b>Age</b>	<b>Sex</b>	<b>Mobile Phone No'</b>
<input type="text" value="JUL.12,1978"/>	<input type="text" value="GEN.SANTOS CITY"/>	<input type="text" value="MAYCAWAYAN BULACAN"/>	<input type="text" value="154CM"/>	<input type="text" value="55KG"/>	
<b>Date of Birth</b>	<b>Place of Birth:</b>	<b>Home Address:</b>	<b>Height</b>	<b>Weight</b>	
<input type="text" value="FILIPINO"/>	<input type="text" value="P3721213B"/>	<input type="text" value="NOV.3 2029"/>	<input type="text" value="SINGLE"/>	<input type="text" value="CATHOLIC"/>	
<b>Nationality</b>	<b>Passport No</b>	<b>Expiry Date</b>	<b>Marital Status</b>	<b>Religion</b>	

### FAMILY

<input type="text" value="DECEASED"/>	<input type="text"/>	<input type="text" value="DECEASED"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Father Name</b>	<b>Age</b>	<b>Occupation</b>	<b>Mother Name</b>	<b>Age</b>	<b>Occupation</b>
<input type="text" value="JOHN JOMER"/>	<input type="text" value="19"/>	<input type="text" value="M"/>	<input type="text" value="JOCKY"/>	<input type="text" value="18"/>	<input type="text" value="M"/>
<b>Child Name</b>	<b>Age</b>	<b>Sex</b>	<b>Child Name</b>	<b>Age</b>	<b>Sex</b>
<b>Who will take care on the children while you are working in Cyprus?</b>					
<input type="text" value="THEY ARE ADULTS"/>					

### RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

Employer - 1					
<input type="text" value="TAIWAN"/>	<input type="text" value="CARETAKER"/>	<input type="text" value="AUG.2017 - AUG. 2019"/>	<input type="text" value="LIPI FEN"/>	<input type="text"/>	
<b>Country</b>	<b>Job Title</b>	<b>Dates</b>	<b>Employer Name</b>	<b>Phone No'</b>	
<b>Care of new-born up to 1 year old</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Care of children over 1 year old</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>How Many?</b>	<input type="text"/>	<b>Age</b>
<b>Care of disabled</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Age</b>	<input type="text"/>	<b>Sex</b>
<b>Care of Old People</b>	Yes <input type="checkbox" value="1"/>	No <input type="checkbox"/>	<b>Age</b>	<input type="text" value="97"/>	<b>Sex</b>
<b>Care of Pets</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Details</b>	<input type="text"/>	
<b>Duties</b>	<input type="text" value="1DH,3BR,2WC,6MEM.DUTIES ARE CLEANING,DOING LAUNDRY,IRONING,COOKING,CAR WASHING, TAKING CARE OF BEDRIDDEN ELDERLY,BATHING,NGT FEEDING,SUCTIONING,CHANGING DIAPERS,GIVING MEDICATION WITH THE SUPERVISION OF HIS PHYSICIAN."/>				

Employer - 2					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Country</b>	<b>Job Title</b>	<b>DATE</b>	<b>Employer Name</b>	<b>Phone No'</b>	
<b>Care of new-born up to 1 year old</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>Care of children over 1 year old</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>How Many?</b>	<input type="text" value="1"/>	<b>Age</b>
<b>Care of disabled</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Age</b>	<input type="text"/>	<b>Sex</b>
<b>Care of Old People</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Age</b>	<input type="text"/>	<b>Sex</b>
<b>Care of Pets</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Details</b>	<input type="text"/>	
<b>Duties</b>	<input type="text"/>				

### OTHER EMPLOYMENT HISTORY

<input type="text" value="PHILIPPINES"/>	<input type="text" value="HOUSEHOLDWORKER"/>	<input type="text" value="2015 - 2017"/>	<input type="text"/>	<input type="text" value="HOUSEHOLD CHORES"/>
<b>Country</b>	<b>Job Title</b>	<b>Dates</b>	<b>Employer Name</b>	<b>Duties</b>
<input type="text" value="PHILIPPINES"/>	<input type="text" value="HOUSEHOLD WORKER"/>	<input type="text" value="SEPT.2012 - SEPT.2015"/>	<input type="text"/>	<input type="text" value="HOUSEHOLD CHORES"/>
<b>Country</b>	<b>Job Title</b>	<b>Dates</b>	<b>Employer Name</b>	<b>Duties</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>	<b>Job Title</b>	<b>Dates</b>	<b>Employer Name</b>	<b>Duties</b>

## EDUCATIONAL BACKGROUND

PEDRO ACHARON ELEMENTARY SCHOOL	1987 - 1992	LABAGAL HIGH SCHOOL	1992 - 1996
<b>Elementry School Name</b>	<b>Dates (YYYY-YYYY)</b>	<b>High School Name</b>	<b>Dates (YYYY-YYYY)</b>
<b>College \ university name</b>	<b>Dates (YYYY-YYYY)</b>	<b>Graduate \ Under</b>	<b>Course Name</b>
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

## PERSONAL QUESTIONS

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

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

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

## ADDITIONAL PERSONAL QUESTIONS (please answer them with all honesty)

<b>Why do you want to work abroad?</b>	I WANT TO WORK ABROAD FOR THE FUTURE OF MY FAMILY, TO HELP MY SIBLINGS TO SUPPORT THE STUDIES OF MY CHILDREN
<b>In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?</b>	HARDWORKING, OBEDIENT, KNOW WHAT RESPONSIBILITY MEANS, AND FLEXIBLE IN ANY JOB
<b>What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?</b>	CHINESE FOOD, FILIPINO FOOD, I CAN TRY ALSO PASTA AND DISHES IN THE OVEN, AND IM WILLING TO LEARN OTHER DISH.
<b>Do you have any friends / relatives in Cyprus? If yes, please give some details about them:</b>	NONE
<b>Please write a nice personal note below for your prospective employer to read about you:</b>	TO MY FUTURE EMPLOYER, I AM JOVILYN LIQUIT, IM A RESPONSIBLE PERSON, HARDWORKING, AND HONEST. IF YOU WILL ALLOW ME TO WORK FOR YOU I CAN PROMISE THAT I WILL DO MY BEST TO MEET YOUR STANDARD. THANK YOU AND GOD BLESSED.

**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.

DEC. 06 2019

**Date Applied**

JOVILYN LIQUIT

**Signature of the Applicant**

**INTERVIEWER`S REMARKS:**

Foreign Agent:

Cyprus Agent:

Other:

