

For office use only	
Agency	FMW
Job Requested	DH
Video Attached	

CV House Maid

PERSONAL DETAILS

<input type="text" value="ZAPANTA"/>	<input type="text" value="JENINE"/>	<input type="text" value="ALBERIO"/>	<input type="text" value="40"/>	<input type="text" value="F"/>	
Surname (family)	First Name (given)	Middle Name	Age	Sex	Mobile Phone No'
<input type="text" value="MAY 9, 1978"/>	<input type="text" value="GUIHULNGAN, NEGROS ORIENTA"/>		<input type="text" value="BULADO, GUIHULNGAN, NEGROS OR."/>		<input type="text" value="155CM"/> <input type="text" value="60KG"/>
Date of Birth	Place of Birth:		Home Address:		Height Weight
<input type="text" value="FILIPINO"/>	<input type="text" value="APPT. ON OCT. 22"/>	<input type="text" value="APPT. ON OCT 22"/>	<input type="text" value="SINGLE"/>	<input type="text" value="CATHOLIC"/>	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

<input type="text" value="ESPERIDIAN"/>	<input type="text" value="DECEASED"/>	<input type="text" value="REMEDIOS"/>	<input type="text" value="DECEASED"/>			
Father Name	Age	Occupation	Mother Name	Age	Occupation	Spouse Name Age Occupation
<input type="text" value="JUBELLE"/>	<input type="text" value="14"/>	<input type="text" value="F"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer - 1</u>						
<input type="text" value="SINGAPORE"/>	<input type="text" value="DH"/>	<input type="text" value="APRIL 2008- MAY 2009"/>	<input type="text"/>	<input type="text"/>		
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" value="1"/>	Age	<input type="text" value="3"/>
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="1 DH, 4 MEM, 2 BR, 2 WC. DO ALL HOUSEHOLD CHORES, SUCH AS COOKING, CLEANING THE HOUSE, WASHING AND IRONING CLOTHES, AND THROWING GARBAGE AND TAKING CARE OF THEIR CHILDREN FEEDING, DRESSING, BATHING, CHANGING DIAPERS, TUTORING, PLAYING WITH THEM AND PROVIDE THEIR DAILY NEEDS"/>					

<u>Employer - 2</u>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Country	Job Title	DATE	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"/>					

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

<input type="text"/>

BULADO ELEM SCHOOL	1994-1990	SAINT FRANCIS	1990-1994
Elementry School Name	Dates (YYYY-YYYY)	High School Name	Dates (YYYY-YYYY)
NEG. ORIENTAL STATE UNIV	2000-2001	UNDERGRAD	
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	<input type="checkbox"/>
Are you willing to accept and take your "DAY-OFFs" set by your employer?	YES	/	NO	<input type="checkbox"/>
Are you prepared NOT to use the telephone or internet without permission or consent of your employer?	YES	/	NO	<input type="checkbox"/>
Would you be able to follow the rules and regulations in the house set by your employer?	YES	/	NO	<input type="checkbox"/>
Can you promise no visitor allowed without the consent of your employer?	YES	/	NO	<input type="checkbox"/>
Do you smoke? (if yes, how many cigarettes a day? <input type="text"/>)	YES		NO	/ <input type="checkbox"/>
Do you drink alcoholic beverages? (if yes, light, moderate, or heavy? <input type="text"/>)	YES		NO	/ <input type="checkbox"/>
Have you experienced taking drugs? (if yes, please specify <input type="text"/>)	YES		NO	/ <input type="checkbox"/>
Are you under medication? (if yes, please specify <input type="text"/>)	YES		NO	/ <input type="checkbox"/>
Do you have disabilities/sickness? (if yes, please specify <input type="text"/>)	YES		NO	/ <input type="checkbox"/>
Have you suffered from serious illness? (if yes, please specify <input type="text"/>)	YES		NO	/ <input type="checkbox"/>
Any operations for the last year? (if yes, please specify <input type="text"/>)	YES		NO	/ <input type="checkbox"/>
Do you suffer from any form of allergy? (if yes, please specify <input type="text"/>)	YES		NO	/ <input type="checkbox"/>
Do you wear glasses while working? (if yes, please specify <input type="text"/>)	YES		NO	/ <input type="checkbox"/>
Are you afraid of dogs, cats or other pets? (if yes, please specify <input type="text"/>)	YES		NO	/ <input type="checkbox"/>
Would you be willing and/or able to handle taking care of pets?	YES	/	NO	<input type="checkbox"/>
Can you promise to dress properly and without make-up and perfume while working?	YES	/	NO	<input type="checkbox"/>
Can you promise to be good to your employer and or/ any member(s) of his family?	YES	/	NO	<input type="checkbox"/>
Can you swim?	YES	/	NO	<input type="checkbox"/>
Can you drive vehicle?	YES	/	NO	<input type="checkbox"/>
Do you promise NOT take any salary advances from your employer?	YES	/	NO	<input type="checkbox"/>
Can you promise to keep your personal hygiene and take a bath before sleep?	YES	/	NO	<input type="checkbox"/>
Are you willing to eat Cypriot/ Western or any dishes same as your employer?	YES	/	NO	<input type="checkbox"/>
Can you promise not to touch anything that is not yours, in your employer's house or another place	YES	/	NO	<input type="checkbox"/>
Can you promise to report immediately and honestly something that you might have found?	YES	/	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	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?	I WANT TO WORK ABROAD TO SUPPORT MY FAMILIES FINANCIAL NEEDS AND TO GIVE A BETTER FUTURE AND EDUCATION TO MY
In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?	HARDWORKING, HONEST, RELIABLE AND HAS A LOT OF PATIENCE.
What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?	FILIPINO DISHES ONLY BUT WILLING TO LEARN MORE.
Do you have any friends / relatives in Cyprus? If yes, please give some details about them:	YES
MS GERLIE FAITH SARARANA SHE'S WORKING IN CYPRUS.	
Please write a nice personal note below for your prospective employer to read about you:	DEAR EMPLOYER, I AM JENINE, A FILIPINO, A FILIPINA, IF GIVEN A CHANCE I PROMISE TO DO MY BEST AND ASSURE YOU WILL NOT REGRET IN CHOOSING ME AS YOUR HELPER IM HARDWORKIN, RESPONSIBLE PERSON AND HAS A LOT OF PATIENCE. THANK YOU AND LOOKING FORWARD TO WORK WITH YOU.

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.

06/08/2018

Date Applied

ZAPANTA, JENINE A.

Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:

Cyprus Agent:

Other:

