

For office use only	
Agency	FMW
Job Requested	DH
Video Attached	

# CV House Maid

### PERSONAL DETAILS

MASIBA	ARSELITA	HUIT	43	F	
<b>Surname (family)</b>	<b>First Name (given)</b>	<b>Middle Name</b>	<b>Age</b>	<b>Sex</b>	<b>Mobile Phone No'</b>
JULY 24, 1975	CAMARINES NORTE	BACOROR CAVITE	152CM	55KG	
<b>Date of Birth</b>	<b>Place of Birth:</b>	<b>Home Address:</b>	<b>Height</b>	<b>Weight</b>	
FILIPINO	P2795530A	APRIL 27, 2022	MARRIED	CATHOLIC	
<b>Nationality</b>	<b>Passport No</b>	<b>Expiry Date</b>	<b>Marital Status</b>	<b>Religion</b>	

### FAMILY

AMADO	60	FISHERMAN	INGRID	58	HOUSEWIFE	ARLIE	44	FISHERMAN
<b>Father Name</b>	<b>Age</b>	<b>Occupation</b>	<b>Mother Name</b>	<b>Age</b>	<b>Occupation</b>	<b>Spouse Name</b>	<b>Age</b>	<b>Occupation</b>
ALEXIS	11	F	ALTHEA	9	F	ANTHONY	24	M
<b>Child Name</b>	<b>Age</b>	<b>Sex</b>	<b>Child Name</b>	<b>Age</b>	<b>Sex</b>	<b>Child Name</b>	<b>Age</b>	<b>Sex</b>
Who will take care on the children while you are working in Cyprus?						MOTHER IN LAW		

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

<u>Employer - 1</u>					
K.S.A	DH	JUNE 2012- JAN 2018			
<b>Country</b>	<b>Job Title</b>	<b>Dates</b>	<b>Employer Name</b>	<b>Phone No'</b>	
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?	3	Age 4 Y/O ( TWINS ) & 5
Care of disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age		Sex <input type="checkbox"/>
Care of Old People	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age	60	Sex F
Care of Pets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details		
<b>Duties</b>	1DH,8MEM,6BR,4WC. 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, TUTORING, PLAYING WITH THEM AND PROVIDE THEIR DAILY NEEDS AND SOMETIMES ASSIST AND TOOK CARE OF ELDERLY WHEN VISITING				

<u>Employer - 2</u>					
<b>Country</b>	<b>Job Title</b>	<b>DATE</b>	<b>Employer Name</b>	<b>Phone No'</b>	
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?		Age
Care of disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age		Sex <input type="checkbox"/>
Care of Old People	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age		Sex <input type="checkbox"/>
Care of Pets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details		
<b>Duties</b>					

### OTHER EMPLOYMENT HISTORY

<b>Country</b>	<b>Job Title</b>	<b>Dates</b>	<b>Employer Name</b>	<b>Duties</b>
<b>Country</b>	<b>Job Title</b>	<b>Dates</b>	<b>Employer Name</b>	<b>Duties</b>
<b>Country</b>	<b>Job Title</b>	<b>Dates</b>	<b>Employer Name</b>	<b>Duties</b>

### EDUCATIONAL BACKGROUND

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TARAP ELEMENTARY SCHOOL	1982-1988	TARAP NATIONAL HIGH SCHOOL	1988-1994
Elementary School Name	Dates (YYYY-YYYY)	High School Name	Dates (YYYY-YYYY)
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 type="text"/> )	YES		NO	/
Do you drink alcoholic beverages? (if yes, light, moderate, or heavy? <input type="text"/> )	YES		NO	/
Have you experienced taking drugs? (if yes, please specify <input type="text"/> )	YES		NO	/
Are you under medication? (if yes, please specify <input type="text"/> )	YES		NO	/
Do you have disabilities/sickness? (if yes, please specify <input type="text"/> )	YES		NO	/
Have you suffered from serious illness? (if yes, please specify <input type="text"/> )	YES		NO	/
Any operations for the last year? (if yes, please specify <input type="text"/> )	YES		NO	/
Do you suffer from any form of allergy? (if yes, please specify <input type="text"/> )	YES		NO	/
Do you wear glasses while working? (if yes, please specify <input type="text"/> )	YES		NO	/
Are you afraid of dogs, cats or other pets? (if yes, please specify <input 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)

<b>ELECTRICAL HOME APPLIANCES</b>	<b>HOUSEHOLD CHORES</b>	<b>BABY / PEDIATRIC CARE</b>
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"/>
<b>BEDRIDDEN CASES CARE</b>	<b>GERIATRIC \ INVALID CARE</b>	<b>CHILD/INFANT CARE</b>
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>	
TO SAVE MONEY FOR MY FAMILY & FOR THE EDUCATION OF MY CHILDREN.	
<b>In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?</b>	
HARDWORKING, HONEST, RELIABLE AND HAS A LOT OF PATIENCE.	
<b>What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?</b>	
ARABIC AND ASIAN DISHES ONLY BUT LOVE TO LEARN MORE	
<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>	
DEAR EMPLOYER, I AM ARSELITA, A FILIPINA WORKING FOR 6 YRS AS DH, IF GIVEN A CHANCE I PROMISE TO DO MY BEST AND ASSURE YOU WILL NOT REGRET IN CHOOSING ME AS YOUR HELPER IM HARDWORKING, RESPONSIBLE PERSON AND HAS A LOT OF PATIENCE AND WILL LOVE, RESPECT AND TREAT YOUR FAMILY AS IF MY OWN. THANK YOU AND I AM 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.

OCT. 1, 2018

Date Applied

MASIBA, ARSELITA H.

Signature of the Applicant

**INTERVIEWER'S REMARKS:**

Foreign Agent:

Cyprus Agent:

Other:

