

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

# CV House Maid

### PERSONAL DETAILS

JORDAN	AMY ROSE	CLAR	38	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>
MARCH 11, 1980	CABATUAN ILOILO	VALENZUELA CITY	160CM	60KG	
<b>Date of Birth</b>	<b>Place of Birth:</b>	<b>Home Address:</b>	<b>Height</b>	<b>Weight</b>	
FILIPINO	P8268519A	AUG 8, 2028	SINGLE	CATHOLIC	
<b>Nationality</b>	<b>Passport No</b>	<b>Expiry Date</b>	<b>Marital Status</b>	<b>Religion</b>	

### FAMILY

EGMEDIO	73	FARMER	ZOSIMA	63	HOUSEWIFE	N/A		
<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>
<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>
<b>Who will take care on the children while you are working in Cyprus?</b>								NONE

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

<u>Employer - 1</u>					
BAHRAIN	DH	JULY 2013-JULY 2016			
<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 3, 6, AND 9
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>	1 DH, 5 MEM, 4 BR, 4 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, FETCHING AND SENDING THEM IN THE SCHOOL, TUTORING, PLAYING WITH THEM AND PROVIDE THEIR DAILY NEEDS				

<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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BAT-ONGAN ELEM SCH	1988-1994	DEBES MSCAT HIGH SCH	1994-1998
<b>Elementry School Name</b>	<b>Dates (YYYY-YYYY)</b>	<b>High School Name</b>	<b>Dates (YYYY-YYYY)</b>
WUSU- FORESTRY	1998-2002	GRADUATED	FORESTRY
<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	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"/>	/	<input type="checkbox"/>
Are you willing to accept and take your "DAY-OFFs" set by your employer?	YES	/	NO	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you promise no visitor allowed without the consent of your employer?	YES	/	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke? (if yes, how many cigarettes a day? <input type="text"/> )	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/	<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"/>	/	<input type="checkbox"/>
Have you experienced taking drugs? (if yes, please specify <input type="text"/> )	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/	<input type="checkbox"/>
Are you under medication? (if yes, please specify <input type="text"/> )	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/	<input type="checkbox"/>
Do you have disabilities/sickness? (if yes, please specify <input type="text"/> )	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/	<input type="checkbox"/>
Have you suffered from serious illness? (if yes, please specify <input type="text"/> )	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/	<input type="checkbox"/>
Any operations for the last year? (if yes, please specify <input type="text"/> )	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/	<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"/>	/	<input type="checkbox"/>
Do you wear glasses while working? (if yes, please specify <input type="text"/> )	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/	<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"/>	/	<input type="checkbox"/>
Would you be willing and/or able to handle taking care of pets?	YES	/	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you promise to dress properly and without make-up and perfume while working?	YES	/	NO	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you swim?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/	<input type="checkbox"/>
Can you drive vehicle?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/	<input type="checkbox"/>
Do you promise NOT take any salary advances from your employer?	YES	/	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you promise to keep your personal hygiene and take a bath before sleep?	YES	/	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you willing to eat Cypriot/ Western or any dishes same as your employer?	YES	/	NO	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you promise to report immediately and honestly something that you might have found?	YES	/	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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	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
<b>BEDRIDDEN CASES CARE</b>				<b>GERIATRIC \ INVALID CARE</b>				<b>CHILD/INFANT CARE</b>			
Bed Bath	Yes	/	No	Bathing	Yes	/	No	Bathing	Yes	/	No
Check Sugar	Yes	<input type="checkbox"/>	No	Dressing	Yes	/	No	Dressing	Yes	/	No
Diapers	Yes	/	No	Diapers	Yes	/	No	Diapers	Yes	/	No
Tube Feeding	Yes	<input type="checkbox"/>	No	Oral Feeding	Yes	/	No	Oral Feeding	Yes	/	No
Gastric Tube (NGT)	Yes	<input type="checkbox"/>	No	Nurturing	Yes	/	No	Nurturing	Yes	/	No
Body Massaging	Yes	<input type="checkbox"/>	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 HELP MY PARENTS FOR THEIR FINANCIAL NEEDS AND TO SAVE FOR OUR FUTURE.

**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)?**  
ARABIC DISHES ONLY BUT LOVE 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:**  
DEAR EMPLOYER, 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.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.

AUG. 28, 2018

Date Applied

JORDAN, AMY ROSE

Signature of the Applicant

**INTERVIEWER'S REMARKS:**

Foreign Agent:

Cyprus Agent:

Other:

