

For office use only	
Agency	FMW
Job Requested	DH
Video Attached	

CV House Maid

PERSONAL DETAILS

<input type="text" value="DE VERA"/>	<input type="text" value="JOSEPHINE"/>	<input type="text" value="REYES"/>	<input type="text" value="41"/>	<input type="text" value="F"/>	
Surname (family)	First Name (given)	Middle Name	Age	Sex	Mobile Phone No'
<input type="text" value="FEB 22 1977"/>	<input type="text" value="CALOOCAN CITY"/>	<input type="text" value="HOLY SPIRIT QUEZON CITY"/>	<input type="text" value="153 CM"/>	<input type="text" value="50 KG"/>	
Date of Birth	Place of Birth:	Home Address:	Height	Weight	
<input type="text" value="FILIPINO"/>	<input type="text" value="P5869509A"/>	<input type="text" value="FEB 1 2028"/>	<input type="text" value="MARRIED"/>	<input type="text" value="CHURCH OF CHRIST"/>	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

<input type="text" value="SIMEON"/>	<input type="text" value="70"/>	<input type="text" value="LABORER"/>	<input type="text" value="ASUNCION"/>		<input type="text" value="HOUSEWIFE"/>	<input type="text" value="ISAGANI"/>	<input type="text" value="45"/>	<input type="text" value="ELECTRICIAN"/>
Father Name	Age	Occupation	Mother Name	Age	Occupation	Spouse Name	Age	Occupation
<input type="text" value="HEISEL KHATE"/>	<input type="text" value="15"/>	<input type="text" value="F"/>	<input type="text" value="ZIEL"/>	<input type="text" value="1.6"/>	<input type="text" value="F"/>			
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="SISTER'S IN LAW"/>		

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer - 1</u>				
<input type="text" value="HONGKONG"/>	<input type="text" value="DH"/>	<input type="text" value="SEPT. 2010-JULY 2013"/>	<input type="text" value="TANG KA YUK"/>	
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="2 Y/O"/>
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, 3 MEM, 2BR, 1 WC, DOING HOUSEHOLD CHORES SUCH AS IRONING, WASHING, CLEANING COOKING AND MARKETING ;HANDS ON IN TAKING CARE OF THEIR BABY UNTIL 2 YRS OLD."/>			

<u>Employer - 2</u>				
<input type="text" value="CYPRUS"/>	<input type="text" value="DH"/>	<input type="text" value="MAY 2006-MAY 2009"/>	<input type="text" value="TITO'S FAROS"/>	
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" value="78/79"/>	Sex <input type="text" value="F/M"/>
Care of Pets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details <input type="text"/>	
Duties	<input type="text" value="1 DH, 2 MEMBERS (OLD COUPLE) 3 BR, 2 WC, DOING HOUSEHOLD CHORES SUCH AS COOKING, IRONING, WASHING AND CLEANING NOT ONLY THE HOUSE BUT ALSO THEIR BACKYARD AND ASSISTING MY TWO OLD EMPLOYER IN THEIR DAILY NEEDS."/>			

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"/>

E.T.C.S.I. SCHOOL	1985-1991	LAGRAO HIGH SCHL	1991-1995
Elementry 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	

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	<input type="checkbox"/>	NO	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
Can you promise no visitor allowed without the consent of your employer?	YES	<input type="checkbox"/>	NO	<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	<input type="checkbox"/>	NO	<input type="checkbox"/>	<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"/>	<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"/>	<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	<input type="checkbox"/>	NO	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

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

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

ADDITIONAL PERSONAL QUESTIONS (please answer them with all honesty)

Why do you want to work abroad?	
TO HELP MY HUSBAND TO SUPPORT OUR DAILY NEEDS & TO EARN AND SAVE MONEY FOR THE FUTURE OF OUR CHILDREN	
In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?	
HARDWORKING, HONEST, RELIABLE, HAS INITIATIVE TO DO WORK AND KNOWS TO FOLLOW RULES & REGULATIONS, POLITE	
What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?	
CHINESE AND WESTERN DISHES	
Do you have any friends / relatives in Cyprus? If yes, please give some details about them:	YES
MY SISTER SHE WORKED AS DH IN NICOSIA CYPRUS, SHE'S ALMOST 10 YRS IN HER EMPLOYER.	
Please write a nice personal note below for your prospective employer to read about you:	
DEAR EMPLOYER, IF YOU HIRE ME I WILL SHOWCASE MY SKILLS, KNOWLEDGE AND EXPERIENCED, I AM SINCERE IN MY WORK AND WOULD NEVER LET YOU DOWN IN ANYWAY. I PROMISED YOU WILL NOT REGERET FOR THE DECISION TO APPOINT ME IN THIS POSITION. 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.

18/06/2018

Date Applied

DE VERA, JOSEPHINE R.

Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:

Cyprus Agent:

Other:

