

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

# CV House Maid

## PERSONAL DETAILS

VALLO	YOLANDA	TOMAS	39	F	9979039947
<b>Surname (family)</b>	<b>First Name (given)</b>	<b>Middle Name</b>	<b>Age</b>	<b>Sex</b>	<b>Mobile Phone No'</b>
FEB.15,1980	MANILA	MALATE MANILA	152CM	52KG	
<b>Date of Birth</b>	<b>Place of Birth:</b>	<b>Home Address:</b>	<b>Height</b>	<b>Weight</b>	
FILIPINO	P1450502B	APR.11,2029	SINGLE MOTHER	CATHOLIC	
<b>Nationality</b>	<b>Passport No</b>	<b>Expiry Date</b>	<b>Marital Status</b>	<b>Religion</b>	

## FAMILY

DECEASED	DECEASED		
<b>Father Name</b>	<b>Age</b>	<b>Occupation</b>	<b>Mother Name</b>
ARIANNE	1	F	
<b>Child Name</b>	<b>Age</b>	<b>Sex</b>	<b>Child Name</b>
<b>Who will take care on the children while you are working in Cyprus?</b>			MY SISTER

## RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer -1</u>					
QATAR	DOMESTIC HELPER	MAY 2015 - MAR 2018	FOAD MOHAMED		
<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 checked="" type="checkbox"/>	No <input type="checkbox"/>	How Many?	2	Age 3 & 5 YRS OLD
Care of disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age		Sex <input type="checkbox"/>
Care of Old People	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Age	64	Sex F CANT WALK ALONE
Care of Pets	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Details	CAT,DDOG,HAMSTER	
<b>Duties</b>	3DH,4BR,4WC,8MEM.HOUSEHOLD CHORES,CLEANING,WASHING,IRONING,COOKING,ASSIT THE ELDERLY IN HER MOBILITY PREPRE HER MEALS,CARE OF CHILDREN,BATHING,FEEDING,READING STORY,PLAY WITH THEM				

<u>Employer - 2</u>					
SINGAPORE	DOMESTIC HELPER	AUG. 2013 - NOV.2014	FIONA		
<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 checked="" type="checkbox"/>	No <input type="checkbox"/>	How Many?	1	Age 5YRS OLD
Care of disabled	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Age	50	Sex M
Care of Old People	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Age	60	Sex M
Care of Pets	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Details	DOGS,CATS,BIRDS	
<b>Duties</b>	1DH,3BR,3WC,4MEM,DOING ALL THE HOUSEHOLD CHORES,COOKING,CLEANING,IRONING,WASHING,ASSIST 2 ELDERLY IN THEIR MOBILITY,CARE OF TAKING CARE OF 5YRS OLD CHILD,ASSIST IN ALL SHE NEEDS,CARE OF PETS.				

## 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

AURORA QUEZON	1986 - 1992	MANUEL A ROXAS	1992 - 1996
<b>Elementry School Name</b>	<b>Dates (YYYY-YYYY)</b>	<b>High School Name</b>	<b>Dates (YYYY-YYYY)</b>
PHILIPPINE CHRISTIAN UNIVERSITY	2004 - 2009	GRADUATE	PSYCHOLOGY
<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	/	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"/> FOOD(CHICKEN) )	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)

<b>Why do you want to work abroad?</b>	I WANNA GIVE BETTER FUTURE TO MY BABY,I WANNA SAVE MONEY FOR A SMALL BUSINESS
<b>In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?</b>	RESPONSIBLE,DOWN TO EARTH PERSON,HARDWORKING
<b>What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?</b>	FILIPINO DISH,MARINATED CHICKEN,SOME PASTA AND WILLING 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>	HELLO I AM YALANDA MOTHER OF 1 YR OLD BABY GIRL,LEAVING MY CHILD FOR OUR BETTER FUTURE WILL BE MY GOAL IF YOU HIRE ME,I PROMISE TO GIVE MY BEST.GOD BLESS

**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.

JAN 22, 2020

Date Applied

YOLANDA VALLO

Signature of the Applicant

**INTERVIEWER'S REMARKS:**

Foreign Agent:

Cyprus Agent:

Other:

