

For office use only	
Agency	FMW
Job Requested	DH
Video Attached	

CV House Maid

PERSONAL DETAILS

ALMIRANTE	DAISY	RELOVA	44	F	
Surname (family)	First Name (given)	Middle Name	Age	Sex	Mobile Phone No'
AUG. 7, 1973	CAGAYAN DE ORO	ZONE 7 PATAG CAG. DE ORO	163CM	60 KG.	
Date of Birth	Place of Birth:	Home Address:	Height	Weight	
FILIPINO	NEWLY RENEWED		SINGLE	CATHOLIC	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

JUANITO	78	RETIRED SOLDIER	TERESITA	63	HOUSEWIFE	N/A			
Father Name	Age	Occupation	Mother Name	Age	Occupation	Spouse Name	Age	Occupation	
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?								NONE	

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer -1</u>					
OMAN	CG/DH	JAN. 2016- FEB 2018			
Country	Job Title	Dates	Employer Name	Phone No'	
Care of new-born up to 1 year old	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
Care of children over 1 year old	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	How Many?	2	Age 3 AND 5 Y/O
Care of disabled	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Age	50	Sex F
Care of Old People	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Age		Sex
Care of Pets	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Details		
Duties	3DH, 5MEM, 4WC, 4BR, DO HOUSEHOLD CHORES LIKE COOKING, LAUNDRY & IRONING OF CLOTHES, CAR WASHING, MARKETING AND CLEANING. LOOK AFTER TO THEIR CHILDREN, PREPARE THEIR MEAL, FEEDING, BATHING, DRESSING, CHANGING DIAPER, TUTOTING AND PLAYING WITH THEM AND ALSO TAKING CARE OF MY BEDRIDDEN EMPLOYER WHO'S SUFFERING OF BONE CANCER ASSIST AND PROVIDE HER DAILY NEEDS				

<u>Employer - 2</u>					
KUWAIT	DH	OCT 2006-OCT 2008			
Country	Job Title	DATE	Employer Name	Phone No'	
Care of new-born up to 1 year old	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
Care of children over 1 year old	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	How Many?		Age
Care of disabled	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Age		Sex
Care of Old People	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Age		Sex
Care of Pets	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Details		
Duties	2DH, 5 MEM (ALL ADULTS), 4BR, 4WC, DO HOUSEHOLD CHORES SUCH AS MARKETING, COOKING, WASHING AND IRONING OF CLOTHES, AND ENSURE THE CLEANLINES AND ORDERLINES OF THE HOUSE.				

OTHER EMPLOYMENT HISTORY

Country	Job Title	Dates	Employer Name	Duties	
Country	Job Title	Dates	Employer Name	Duties	
Country	Job Title	Dates	Employer Name	Duties	

EDUCATIONAL BACKGROUND

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CAMP EVANGELISTA ELEM SCHL	1980-1986	CATHEDRAL SCHOOL OF TECH	1986-1990
Elementry School Name	Dates (YYYY-YYYY)	High School Name	Dates (YYYY-YYYY)
LOURDES COLLEGE	1998-2002	GRADUATE	B.S. HRM
College \ university name	Dates (YYYY-YYYY)	Graduate \ Under	Course Name
English: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/>	Other ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Poor Fair Good	Poor Fair Good	Poor Fair Good	Poor Fair 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	/	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?	TO EARNED MONEY FOR MY PARENTS FOR THEIR DAILY FINANCIAL NEEDS AND FOR OUR FUTURE.
In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?	AS A DH YOU HAVE TO BE RESPONSIBLE, HARDWORKING, FLEXIBLE AND 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:	NO
Please write a nice personal note below for your prospective employer to read about you:	DEAR EMPLOYER, I AM DAISY, A FILIPINA, THOUGH MY EXPERIENCED IS LACK BUT WHEN IT COMES TO WORK I ASSURE YOU THAT I CAN PROMISE TO DO MY BEST IN WHAT I DO AND WHAT I NEED TO DO YOU WILL NOT REGRET IN APPOINTING ME IN THIS POSITION. I AM HARDWORKING, RESPONSIBLE AND FLEXIBLE PERSON. HOPING 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.

Date Applied

ALMIRANTE, DAISY
Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:
Cyprus Agent:
Other:

