

For office use only	
Agency	FMW
Job Requested	DH
Video Attached	

CV House Maid

PERSONAL DETAILS

SUMBO	CHERRY VIC	HARO	28	F	
Surname (family)	First Name (given)	Middle Name	Age	Sex	Mobile Phone No'
JUNE 14, 1990	ILOILO CITY	MARIKINA CITY	152 CM	55KG	
Date of Birth	Place of Birth:	Home Address:	Height	Weight	
FILIPINO	P7888735A	JULY 10, 2028	SINGLE	CATHOLIC	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

RODOLFO	DECEASED	TERESITA	61	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?							N/A	

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer - 1</u>					
KUWAIT	DH	JAN. 2016-JAN. 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?	<input type="text" value="1"/>	Age <input type="text" value="11"/>
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 checked="" type="checkbox"/>	No <input type="checkbox"/>	Age	<input type="text" value="70"/>	Sex <input type="text" value="F"/>
Care of Pets	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Details	<input type="text" value="2 CATS & 1 BIG DOG"/>	
Duties	2DH, 11MEM, 6BR, 4WC. DO HOUSEHOLD CHORES SUCH AS COOKING, WASHING, IRONING, AND ENSURE CLEANLINESS AND ORDERLINESS OF THEIR HOUSE AND SOMETIMES LOOK AFTER TO THEIR CHILD WHEN HER MOM IS NOT AROUNDASSIST AND PROVIDE HER NEEDS SINCE SHE CANT DO ANYTHING BY HERSELE AND ALSO TOOK CARE OF MY 70 Y/O EMPLOYER AND CARE OF PETS				

<u>Employer - 2</u>					
SINGAPORE	DH	MARCH - NOV. 2015			
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?	<input type="text"/>	Age <input type="text"/>
Care of disabled	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Age	<input type="text"/>	Sex <input type="text"/>
Care of Old People	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Age	<input type="text"/>	Sex <input type="text"/>
Care of Pets	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Details	<input type="text" value="1 CAT & 1 DOG"/>	
Duties	1DH, 2 ADULT MEM, 2BR, 1 WC, DO HOUSEHOLD CHORES SUCH AS COOKING, WASHING, IRONING, CLEANING,ASSIST & PROVIDE DAILY NEEDS OF MY EMPLOYER AND CARE OF PETS. REASON OF LEAVING: MY SALARY DIDNT GIVE EVERY MONTH, NO DAY OFF AND DURING OFF NO EXTRA PAY AND NOT ALLOWED TO USE CELLPHONE.				

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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LAMAGUSA ELEM SCHOOL 1997-2003	NATIONAL CENTRAL HIGH SCHO 2003-2007
Elementry School Name	Dates (YYYY-YYYY)
High School Name	Dates (YYYY-YYYY)
ERN VISAYAS COLLEGE SCIENCE & T	I YR ONLY
UNDERGRAD	VOCATIONAL EDUC TRAINING PROG.
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

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 <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"/>
BEDRIDDEN CASES CARE	GERIATRIC \ INVALID CARE	CHILD/INFANT CARE
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)

Why do you want to work abroad?	
TO SUPPORT FINANCIAL NEEDS OF MY FAMILY AND GAIN MORE EXPERIENCED AND TRAVEL AND SEE THE BEAUTY OF OTHER COUNTRY.	
In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?	
RESPONSIBLE, HARDWORKING, HONEST AND WILLINGNESS& DETERMINATION TO DO WORK.	
What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?	
CHINESE DISHES ONLY BUT WILLING TO LEARN MORE.	
Do you have any friends / relatives in Cyprus? If yes, please give some details about them:	NONE
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 AND YOU WILL BE SATISFIED OF THE QUALITY OF SERVICE AND CARE THAT I CAN PROVIDE AND OFFER TO YOUR FAMILY. IM HARDWORKING AND RESPONSIBLE PERSON AND HAS A LOT OF PATIENCE THANK YOU AND I 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

SUMBO, CHERRY VIC

Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:

Cyprus Agent:

Other:

