

For office use only	
Agency	FMW
Job Requested	DH
Video Attached	

CV House Maid

PERSONAL DETAILS

<input type="text" value="FAJARITO"/>	<input type="text" value="CHARMAINE"/>	<input type="text" value="ESPIRITU"/>	<input type="text" value="35"/>	<input type="text" value="F"/>	
Surname (family)	First Name (given)	Middle Name	Age	Sex	Mobile Phone No'
<input type="text" value="JAN 18, 1982"/>	<input type="text" value="ORIENTAL MINDORO"/>	<input type="text" value="BALITI, CALAPAN. ORIENTAL MINDORO"/>		<input type="text" value="157 CM"/>	<input type="text" value="56 KG"/>
Date of Birth	Place of Birth:	Home Address:		Height	Weight
<input type="text" value="FILIPINO"/>	<input type="text" value="P7342513B"/>	<input type="text" value="AUG 5, 2031"/>	<input type="text" value="MARRIED"/>	<input type="text" value="CATHOLIC"/>	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

	<input type="text" value="DECEASED"/>	<input type="text" value="OFELIA"/>	<input type="text" value="67"/>	<input type="text" value="HOUSEWIFE"/>	<input type="text" value="MARLON"/>	<input type="text" value="42"/>	<input type="text" value="N/A"/>	
Father Name	Age	Occupation	Mother Name	Age	Occupation	Spouse Name	Age	Occupation
<input type="text" value="JUSTINE ACE"/>	<input type="text" value="15"/>	<input type="text" value="M"/>	<input type="text" value="ALEXANDER HENRY"/>	<input type="text" value="6"/>	<input type="text" value="M"/>			
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="MY MOTHER & RELATIVES"/>		

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer - 1</u>				
<input type="text" value="UAE"/>	<input type="text" value="NANNY/DH"/>	<input type="text" value="NOV 2012 - NOV 2014"/>	<input type="text" value="KHALIL IBRAHIM BELKHALAI"/>	
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"/>	<input type="text" value="7MOS"/>	
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"/>	Sex <input type="text"/>
Care of Pets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details	<input type="text"/>
Duties	<input type="text" value="3DH, 5BR, 4WC, 3MEM. DO ALL HOUSEHOLD CHORES SUCH AS CLEANING, IRONING, WASHING, LAUNDRY, COOKING. MAIN WORK IS TAKING CARE OF THE BABY. BATHING AND FEEDING HIM. CHANGING DIAPERS. PREPARING HIS MILK. SLEEPING WITH HIM."/>			

<u>Employer - 2</u>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>	Sex <input type="text"/>
Care of Pets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details	<input type="text"/>
Duties	<input type="text"/>			

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EDUCATIONAL BACKGROUND

<input type="text"/>

ADRIATICO MEMORIAL SCHOOL	1990 - 1996	JEJELIDO MEMORIAL NATIONAL HIGH SCHOOL	1996 - 1998
Elementary 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	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	
Are you willing to accept and take your "DAY-OFFs" set by your employer?	YES	/	NO	
Are you prepared NOT to use the telephone or internet without permission or consent of your employer?	YES	/	NO	
Would you be able to follow the rules and regulations in the house set by your employer?	YES	/	NO	
Can you promise no visitor allowed without the consent of your employer?	YES	/	NO	
Do you smoke? (if yes, how many cigarettes a day? <input type="text"/>)	YES		NO	/
Do you drink alcoholic beverages? (if yes, light, moderate, or heavy? <input type="text"/>)	YES		NO	/
Have you experienced taking drugs? (if yes, please specify <input type="text"/>)	YES		NO	/
Are you under medication? (if yes, please specify <input type="text"/>)	YES		NO	/
Do you have disabilities/sickness? (if yes, please specify <input type="text"/>)	YES		NO	/
Have you suffered from serious illness? (if yes, please specify <input type="text"/>)	YES		NO	/
Any operations for the last year? (if yes, please specify <input type="text"/>)	YES		NO	/
Do you suffer from any form of allergy? (if yes, please specify <input type="text"/>)	YES		NO	/
Do you wear glasses while working? (if yes, please specify <input type="text"/>)	YES		NO	/
Are you afraid of dogs, cats or other pets? (if yes, please specify <input type="text"/>)	YES		NO	/
Would you be willing and/or able to handle taking care of pets?	YES	/	NO	
Can you promise to dress properly and without make-up and perfume while working?	YES	/	NO	
Can you promise to be good to your employer and or/ any member(s) of his family?	YES	/	NO	
Can you swim?	YES	/	NO	
Can you drive vehicle?	YES		NO	/
Do you promise NOT take any salary advances from your employer?	YES	/	NO	
Can you promise to keep your personal hygiene and take a bath before sleep?	YES	/	NO	
Are you willing to eat Cypriot/ Western or any dishes same as your employer?	YES	/	NO	
Can you promise not to touch anything that is not yours, in your employer's house or another place	YES	/	NO	
Can you promise to report immediately and honestly something that you might have found?	YES	/	NO	

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?	FOR THE FINANCIAL NEED AND SUPPORT OF MY CHILDREN. FOR THEIR STUDIES.
In your opinion, what are the real qualities of housemaid (or caregiver / caretakers)?	
HARDWORKING, KIND, TRUSTWORTHY, AND OBEDIENT	
What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?	
I CAN COOK FILIPINO DISH, SOME OF WESTERN DISHES AND IM WILLING 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:	
HELLO MADAM/SIR I PROMISE TO DO MY BEST IN MY WORK. I AM A PERSON THAT IS HARDWORKING, TRUSTWORTHY, KIND AND RESPONSIBLE.	

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.

Friday, September 24, 2021	CHARMAINE ESPIRITU FAJARITO
Date Applied	Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:
Cyprus Agent:
Local Agent:

