

For office use only	
Agency	FMW
Job Requested	DH
Video Attached	

CV House Maid

PERSONAL DETAILS

DECIERDO	MARIL	SUENO	30	F	
Surname (family)	First Name (given)	Middle Name	Age	Sex	Mobile Phone No'
OCT 07 1991	CANDIIS ZAMBOANGA SIBUGAY	CANDIIS ZAMBOANGA SIBUGAY	156CM	65KG	
Date of Birth	Place of Birth:	Home Address:	Height	Weight	
FILIPINO	P4161260B	DEC 08 2029	SINGLE	CATHOLIC	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

DECEASED		VILMA	48	VENDOR	
Father Name	Age	Occupation	Mother Name	Age	Occupation
Spouse Name	Age	Occupation			
Child Name	Age	Sex	Child Name	Age	Sex
Who will take care on the children while you are working in Cyprus?					

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer -1</u>					
NORWAY	DH	OCT 2016 - NOV 2018	JENS LANGETRAKKE		
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"/>	How Many?	Age	
Care of children over 1 year old	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1	2 YRS OLD	
Care of disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age	Sex	
Care of Old People	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age	Sex	
Care of Pets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details	CAT	
Duties	1DH 4MEM(PARENTS & KIDS)4BR, 3WC,LIVING RM, KITCHEN & DINNING RM,GARDEN,VERANDA,GARRAGE.OVERSEEING THE CHILDREN'S NEEDS:BATHING &CLOTHES, DIAPER CHANGING,FEEDING,BEDTIME.DOING ALL AROUND HOUSEHOLD WORKS: LAUNDRY, IRONING, CLEANING IN THE HOUSE.				

<u>Employer - 2</u>					
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"/>	How Many?	Age	
Care of children over 1 year old	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Care of disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age	Sex	
Care of Old People	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age	Sex	
Care of Pets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details		
Duties					

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

CANDIIS ELEM SCH	1998-2003	MALANGAS NAT'L HIGH SCH	2003-2007
Elementry School Name	Dates (YYYY-YYYY)	High School Name	Dates (YYYY-YYYY)
AURORA PIONEER MEMORIAL COLLEGE	2012-2014	VOCATIONAL	COMPUTER SCIENCE
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"/>	<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? Y	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 CHECK THE BOX FOR 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 START AGAIN IN SAVING FOR MYSELF AND EARN TO HELP MY FAMILY AS WELL	
In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?	
HARDWORKING, PATIENT, KNOWS HOW TO FOLLOW THE RULES AND ORGANIZE.	
What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?	
FILIPINO, ITALIAN, WESTERN	
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:	HI MA'AM/ SIR
I HOPE YOU FIND ME SUITABLE TO BE YOPUR HELPER, I AM A VERY DEDICATED PERSON TO MY WORK, I ASSURE YOU THAT I WILL DO MY DUTIES VERY WELL AND TAKE CARE OF YOUR HUSEHOLD CHORES.	

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.

11/4/2021

Date Applied

MARIL DECIERDO

Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:

Cyprus Agent:

Other:

