

For office use only	
Agency	FMW
Job Requested	DH
Video Attached	

CV House Maid

PERSONAL DETAILS

<input type="text" value="LIM"/>	<input type="text" value="GRACE ANNE"/>	<input type="text" value="RIVERA"/>	<input type="text" value="42"/>	<input type="text" value="F"/>	
Surname (family)	First Name (given)	Middle Name	Age	Sex	Mobile Phone No'
<input type="text" value="12-Sep-78"/>	<input type="text" value="SUBIC ZAMBALES"/>	<input type="text" value="PASIG CITY"/>	<input type="text" value="160CM"/>	<input type="text" value="60KG"/>	
Date of Birth	Place of Birth:	Home Address:	Height	Weight	
<input type="text" value="FILIPINO"/>	<input type="text" value="P3681223B"/>	<input type="text" value="10/28/2029"/>	<input type="text" value="SINGLE PARENT"/>	<input type="text" value="BAPTIST"/>	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

<input type="text" value="NORMANDO"/>	<input type="text" value="DECEASED"/>	<input type="text" value="TERESITA"/>	<input type="text" value="DECEASED"/>		
Father Name	Age	Occupation	Mother Name	Age	Occupation
<input type="text" value="ROMEO"/>	<input type="text" value="11"/>	<input type="text" value="ROMNICK"/>	<input type="text" value="9"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
Child Name	Age	Sex	Child Name	Age	Sex
Who will take care on the children while you are working in Greece?					<input type="text" value="FATHER OF MY CHILDREN AND RELATIVES"/>

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer -1</u>					
<input type="text" value="HONGKONG"/>	<input type="text" value="DH"/>	<input type="text" value="JUNE 2016-JAN 2021"/>	<input type="text" value="Leung Ping Yi Jeannie"/>		
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"/>			
Care of children over 1 year old	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many? <input type="text" value="1"/>	Age <input type="text" value="SINCE 4 UP TO 9 Y/O"/>	
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	1DH, 3BR, 1WC 3 MEM (COUPLE AND 1 CHILD) MY DUTIES AND RESPONSIBILITIES IS TO LOOK AFTER TO THEIR CHILD PREPARE MEAL AND UNIFORM, SENDING AND FETCHING IN SCHOOL TUTORING, PROVIDE THEIR DAILY NEEDS AND HOUSEHOLD CHORES.				

<u>Employer - 2</u>					
<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" value="PHIL"/>	<input type="text" value="FACTORY WORKER"/>	<input type="text" value="JUNE 2021 UP TO PRESENT"/>	<input type="text" value="BUMI JAYA INTL. CORP."/>	
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"/>

Matain Elementary School	1985-1991	Barretto National High School	1991-1996
Elementary School Name	Dates (YYYY-YYYY)	High School Name	Dates (YYYY-YYYY)
Virgen Delos Remedeios College	1998	UNDERGRADUATE	BSBA
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	<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?
FOR FINANCIAL NEEDS OF MY FAMILY AND FOR THE EDUCATION AND FUTURE OF MY KIDS

In your opinion, what are the real qualities of housemaid (or caregiver / caretakers)?
RESPONSIBLE, LOYAL, AND HONEST, TRUSTWORTHY, KNOWS TO FOLLOW RULES & REGULATIONS FROM EMPLOYER, WITH INITIATIVE AND RELIABLE

What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?
CHINESE AND FILIPINO CUISINE ONLY BUT WILLING TO LEARN MORE.

Do you have any friends / relatives in Greece? If yes, please give some details about them:
NONE

Please write a nice personal note below for your prospective employer to read about you:
DEAR MADAM/SIR GOOD DAY IF GIVEN A CHANCE TO BE YOUR HELPER I PROMISED TO DO MY BEST, I AM RESPONSIBLE, HARDWORKING, GOOD HELPER THAT YOU CAN TRUST AND WILLING TO STAY IN YOUR FAMILY FOR AS LONG AS YOU NEEDED ME. THANK YOU AND HOPE TO SEE YOU SOON.

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.

JULY 27,2021

GRACE ANNE RIVERA LIM

Date Applied

Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:

Greece Agent:

Local Agent:

