

For office use only	
Agency	FMW
Job Requested	DH
Video Attached	

CV House Maid

PERSONAL DETAILS

MENDOZA	LOVIELYN	HAVERIA	37	F	
Surname (family)	First Name (given)	Middle Name	Age	Sex	Mobile Phone No'
6-May-84	PASIG MM	PASIG MM			160CM 58KG
Date of Birth	Place of Birth:	Home Address:	Height	Weight	
FILIPINO	P3269768B	Sep-29	MARRIED	CATHOLIC	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

LUIS	67	LOADER OPERATOR	ELENA	60	HOUSEWIFE	ARNOLD	44	DRIVER
Father Name	Age	Occupation	Mother Name	Age	Occupation	Spouse Name	Age	Occupation
SAMANTHA NICOLE	17	F	ALEXIA MAE	11	F			
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?							MY HUSBAND	

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer - 1</u>					
EGYPT	DH	AUG 2012-DEC 2018	ZAKIYEA ISMAIL ATALA ALI		
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"/>	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 checked="" type="checkbox"/>	No <input type="checkbox"/>	Age <input type="text" value="78"/>	Sex <input type="text" value="F"/>	
Care of Pets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details <input type="text"/>		
Duties	1DH 1COOK 1ELDERLY IN ONE BIG APARTMENT W/ 9 ROOMS 2WC 2KITCHENS 1DR. RESPONSIBILITIES: DOING ALL HOUSEHOLD CHORES COOKING LAUNDRY. TAKING CARE OF THE ELDERLY BY PREPARING HER FOODS GIVING HER MEDICINE ASISTING WHEN SHE NEEDS SOMETHING HELPING HER TO TAKE A SHOWER. ACCOMPANYING THE ELDERLY WHEN SHE GOES OUT				

<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"/>			
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

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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ROSARIO ELEM SCH	1990-1996	ROSARIO HIGH SCH	1997-2001
Elementry 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	<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 style="width:50px;" 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 style="width:50px;" type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced taking drugs? (if yes, please specify <input style="width:50px;" type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
Are you under medication? (if yes, please specify <input style="width:50px;" type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
Do you have disabilities/sickness? (if yes, please specify <input style="width:50px;" type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
Have you suffered from serious illness? (if yes, please specify <input style="width:50px;" type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
Any operations for the last year? (if yes, please specify <input style="width:50px;" 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 style="width:50px;" type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear glasses while working? (if yes, please specify <input style="width:50px;" 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 style="width:50px;" 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 <input type="checkbox"/> / No <input type="checkbox"/>	Cleaning Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bathing Yes <input type="checkbox"/> / No <input type="checkbox"/>
Rice Cooker Yes <input type="checkbox"/> / No <input type="checkbox"/>	Washing Yes <input type="checkbox"/> / No <input type="checkbox"/>	Dressing Yes <input type="checkbox"/> / No <input type="checkbox"/>
Dish Drainer Yes <input type="checkbox"/> / No <input type="checkbox"/>	Ironing Yes <input type="checkbox"/> / No <input type="checkbox"/>	Diapers Yes <input type="checkbox"/> / No <input type="checkbox"/>
Vacuum Cleaner Yes <input type="checkbox"/> / No <input type="checkbox"/>	Cooking Yes <input type="checkbox"/> / No <input type="checkbox"/>	Feeding Yes <input type="checkbox"/> / No <input type="checkbox"/>
Floor Polisher Yes <input type="checkbox"/> / No <input type="checkbox"/>	Gardening Yes <input type="checkbox"/> / No <input type="checkbox"/>	Nurturing Yes <input type="checkbox"/> / No <input type="checkbox"/>
Microwave Oven Yes <input type="checkbox"/> / No <input type="checkbox"/>	Car Washing Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bedtime Yes <input type="checkbox"/> / No <input type="checkbox"/>
Oven toaster Yes <input type="checkbox"/> / No <input type="checkbox"/>	Marketing Yes <input type="checkbox"/> / No <input type="checkbox"/>	Baby Massage Yes <input type="checkbox"/> / No <input type="checkbox"/>
Electric Iron Yes <input type="checkbox"/> / No <input type="checkbox"/>	Mopping floor Yes <input type="checkbox"/> / No <input type="checkbox"/>	Sterilize Bottle Yes <input type="checkbox"/> / No <input type="checkbox"/>
BEDRIDEN CASES CARE	GERIATRIC \ INVALID CARE	CHILD/INFANT CARE
Bed Bath Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bathing Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bathing Yes <input type="checkbox"/> / No <input type="checkbox"/>
Check Sugar Yes <input type="checkbox"/> / No <input type="checkbox"/>	Dressing Yes <input type="checkbox"/> / No <input type="checkbox"/>	Dressing Yes <input type="checkbox"/> / No <input type="checkbox"/>
Diapers Yes <input type="checkbox"/> / No <input type="checkbox"/>	Diapers Yes <input type="checkbox"/> / No <input type="checkbox"/>	Diapers Yes <input type="checkbox"/> / No <input type="checkbox"/>
Tube Feeding Yes <input type="checkbox"/> / No <input type="checkbox"/>	Oral Feeding Yes <input type="checkbox"/> / No <input type="checkbox"/>	Oral Feeding Yes <input type="checkbox"/> / No <input type="checkbox"/>
Gastric Tube (NGT) Yes <input type="checkbox"/> / No <input type="checkbox"/>	Nurturing Yes <input type="checkbox"/> / No <input type="checkbox"/>	Nurturing Yes <input type="checkbox"/> / No <input type="checkbox"/>
Body Massaging Yes <input type="checkbox"/> / No <input type="checkbox"/>	Baby Massage Yes <input type="checkbox"/> / No <input type="checkbox"/>	Bedtime Yes <input type="checkbox"/> / No <input type="checkbox"/>
Carry to wheel chair Yes <input type="checkbox"/> / No <input type="checkbox"/>	Take for walk Yes <input type="checkbox"/> / No <input type="checkbox"/>	Take for walk Yes <input type="checkbox"/> / No <input type="checkbox"/>
Take Blood Pressure Yes <input type="checkbox"/> / No <input type="checkbox"/>	Blood Pressure Yes <input type="checkbox"/> / No <input type="checkbox"/>	Tutoring Yes <input type="checkbox"/> / No <input type="checkbox"/>

ADDITIONAL PERSONAL QUESTIONS (please answer them with all honesty)

Why do you want to work abroad?	FOR THE COLLAGE EDUCATION OF MY CHILDREN AND FOR THEIR FUTURE.
In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?	A HOUSE MAID IS PATIENT GOOD FOLLOWER ADAPTABLE AND FLEXIBLE HARDWORKING FRIENDLY AND CARING
What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?	FILIPINO DISHES AND WILLING TO LEARN MORE DISHES
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:	SIRMADAM IM A HARDWORKING MOTHER AND I WOULD LIKE TO OFFER MY SERVICE TO YOUR FAMILY . I WILL TAKE CARE OF YOU AS BEST AS I CAN. THANK 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.

SEPT 27 2021

Date Applied

LOVIELYN MENDOZA

Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:

Cyprus Agent:

Pre-Screened by:



