

For office use only	
Agency	FMW
Job Requested	DH
Video Attached	

<h1>CV House Maid</h1>

PERSONAL DETAILS

LUIS	ANALYN	PRADAS	40	F	
Surname (family)	First Name (given)	Middle Name	Age	Sex	Mobile Phone No'
APR 08,1980	AMPATUAN MINDANAO	MALIBAY PASAY CITY	162CM	51KG	
Date of Birth	Place of Birth:	Home Address:	Height	Weight	
FILIPINO	P5706656B	Nov-30	SINGLE MOM	CATHOLIC	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

VINBENIDO	57	PENSIONER	VILLA	53	HOUSEWIFE			
Father Name	Age	Occupation	Mother Name	Age	Occupation	Spouse Name	Age	Occupation
JADE ONYXBRENT	1	L						
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 FATHER AND SISTER		

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer -1</u>					
UAE	DH	JAN 2013 - MAR 2016	INRAHIM JUSTIN ABDULRAM		
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 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	2DH 6MEM(ADULTS) 5BR,6 WC,1LR, 2 KITCHEN,1 DINNING.DOING HOUSEHOLD CHORES: CLEAN, LAUNDRY, IRONING, ASSISTING THE MADAM WHEN COOKING.ORGANIZING THE ROOMS AND CLOSETS OF THE CHILDREN. MAKING SURE THAT THE HOUSE IS NEAD AND CLEAN. CAR WASHING.				

<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

KAURAN ELEM SCH	1991-1998	KAURAN NAT'L HIGH SCH	1996-2000
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	/	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										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 EARN TO SUPPORT THE NEEDS OF MY SON AND MY AGING MOPHTER.
TO SAVE FOR HIS EDUCATION AND ALSO HELP MY SIBLINGS	
In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?	
LOYAL, SENCIRE, POSITIVE ATTITUDE, HARDWORKING, OPENMINDED AND A GOOD FOLLOWER	
What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?	
FILIPINO AND SOME ARABIC FOODS. WILLING TO LEAR TO COOK OTHER DISHES	
Do you have any friends / relatives in Cyprus? If yes, please give some details about them:	
YES, SHE IS A DOMESTIC HELPER THER FOR 3 YRS.	
Please write a nice personal note below for your prospective employer to read about you:	
I CAN ASSURE YOU THAT YOU WILL BE SATISFIED FROM MY WORK AND IM WILLING TO STAY LONG IN YOUR EMPLOYMENT. I WILL TAKE CARE AND SERVE YOUR FAMILY AS BEST AS I CAN. I HOPE WE HAVE A GOOD EMPLOYER/EMPLOYEE RELATIONSHIP. 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.

10/22/2021

Date Applied

ANALYN LUIS

Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:

Cyprus Agent:

Pre-Screened by:



