

For office use only	
Agency	FMW
Job Requested	DH
Video Attached	

<h1>CV House Maid</h1>

PERSONAL DETAILS

DURAN	ESPERANZA	RIBON	35	F	
Surname (family)	First Name (given)	Middle Name	Age	Sex	Mobile Phone No'
FEB 4 1986	ORIENTAL MINDORO	CONCEPTION1 MARIKINA CITY	152CM	52 KG	
Date of Birth	Place of Birth:	Home Address:	Height	Weight	
FILIPINO	P7745826B	SEP 30 2031	SINGLE	CATHOLIC	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

VICENTE	68	N/A	EVELYN	67	HOUSEWIFE			
Father Name	Age	Occupation	Mother Name	Age	Occupation	Spouse Name	Age	Occupation
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?								

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer -1</u>									
KSA	DH	APR 2017 -JUNE 2019	HAMOUD BAKAWI						
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="2"/>	Age <input type="text" value="5 YRS OLD TWINS"/>					
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						
Duties	2DH,7MEM(5ADULTS & KIDS)4BR,4WC,3LIVING RM,KITCHEN&DINNING RM.DOING ALL AROUND HOUSEHOLD WORKS:CLEANING,LAUNDRY,IRONING.TAKING CARE OF THE TWINS:BATHING & CLOTHES,FEEDING,DIAPER CHANGE,BEDTIME,PLAYING W/ THEM,TAKE THEM TO AND FR. THE SCHOOL, AND ORGANOIZING THEIR THINGS AND ROOM.								

<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	
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

SA TEODORO ELEM SCH.	1992-1998	BATASAN HILLS NAT'L HIGH SCH	2000-2004
Elementry School Name	Dates (YYYY-YYYY)	High School Name	Dates (YYYY-YYYY)
EARIST MANILA	2010-2014	DIPLOMA	BS INDUSTRIAL PSYCHOLOGY
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"/>
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"/>
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"/>
Can you promise no visitor allowed without the consent of your employer?	YES <input type="checkbox"/> / NO <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"/>
Can you promise to dress properly and without make-up and perfume while working?	YES <input type="checkbox"/> / NO <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"/>
Can you swim?	YES <input type="checkbox"/> / NO <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"/>
Can you promise to keep your personal hygiene and take a bath before sleep?	YES <input type="checkbox"/> / NO <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"/>
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"/>
Can you promise to report immediately and honestly something that you might have found?	YES <input type="checkbox"/> / NO <input type="checkbox"/>

CAN YOU HANDLE THE FOLLOWING? (PLEASE CHECK THE BOX FOR YOUR ANSWERS BELOW)

ELECTRICAL HOME APPLIANCES				HOUSEHOLD CHORES				BABY / PEDIATRIC CARE			
Washing Machine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Cleaning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Bathing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Rice Cooker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Washing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Dressing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Dish Drainer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Ironing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Diapers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Vacuum Cleaner	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Cooking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Feeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Floor Polisher	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Gardening	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Nurturing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Microwave Oven	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Car Washing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Bedtime	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Oven toaster	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Marketing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Baby Massage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Electric Iron	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Mopping floor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Sterilize Bottle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>

BEDRIDDEN CASES CARE				GERIATRIC \ INVALID CARE				CHILD/INFANT CARE			
Bed Bath	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Bathing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Bathing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Check Sugar	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Dressing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Dressing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Diapers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Diapers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Diapers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Tube Feeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Oral Feeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Oral Feeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Gastric Tube (NGT)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Nurturing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Nurturing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Body Massaging	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Baby Massage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Bedtime	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Carry to wheel chair	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Take for walk	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Take for walk	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>
Take Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Blood Pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>	Tutoring	Yes <input type="checkbox"/>	No <input type="checkbox"/>	/ <input type="checkbox"/>

ADDITIONAL PERSONAL QUESTIONS (please answer them with all honesty)

Why do you want to work abroad?	
to earn more to provide for my family with good life	
In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?	
trustworthy, hardworking, patience and willing to follow the rules	
What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?	
Filipino and Arabic dish. Willing to learn new 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:	
MA'AM/SIR, I AM OFFERING MY SERVICE TO YOPUR FAMILY. I HAVE EXPERIENCE WORKING WITH KIDS AND TAKING CARE OF THE HOUSEHOLD AS	

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.

11/23/2021

Date Applied

ESPERANZA DURAN

Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:

Cyprus Agent:

Other:

