

FILIPINO MAID BIODATA

Name:

Code:

Personal Particulars

Age :

Date of birth :

Height (cm) :

Weight (kg) :

Religion :

Education level :

Marital status :

No. of children :

Age of children :

Husband/Live-in status :

Husband/Live-in job :

No. of siblings :

Position in family :

Provincial city :

Current living city :

Experience status First timer Ex-abroad

Personal Preference for Work Categories

(1 = most preferred 4 = least preferred)

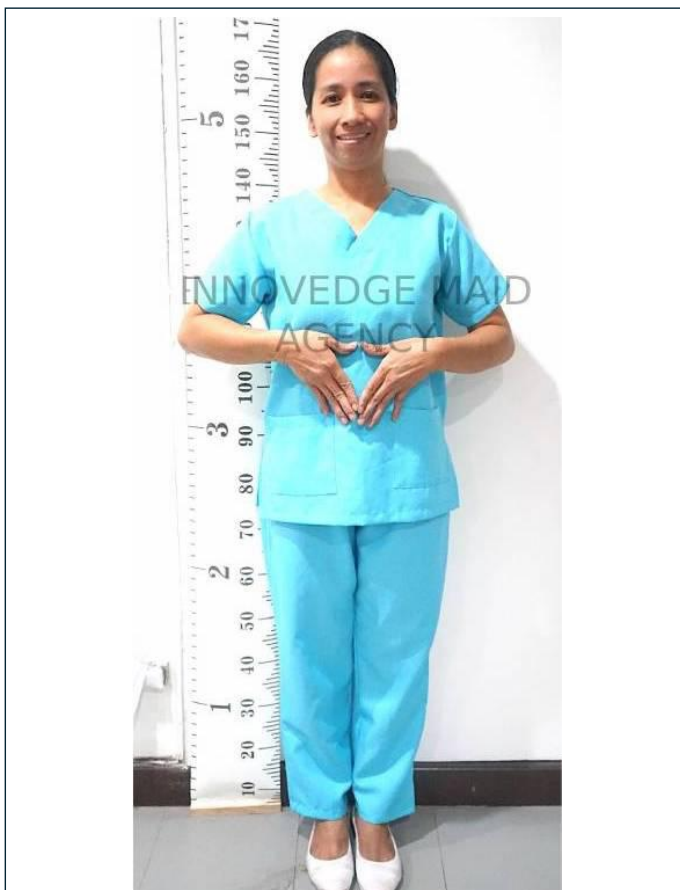
- 1 Housework + Infants/toddlers care
- 2 Housework + Children care
- 3 Housework + Elderly/disable care
- 4 Housework + Bedridden care

Employment History in Origin Country

1. City/Province:
 How many: year months
 From what: year to year
 Work details:
2. City/Province:
 How many: year months
 From what: year to year
 Work details:

Employment History in Overseas

1. Country/City:
 How many: year months
 From what: year to year
 Finish contract: Yes No
 Work details:
2. Country/City:
 How many: year months
 From what: year to year
 Finish contract: Yes No
 Work details:
3. Country/City:
 How many: year months
 From what: year to year
 Finish contract: Yes No
 Work details:



Specific Working Experience & Preference

| TYPE OF WORK | DO YOU HAVE EXPERIENCE ? <i>(experience in your country or overseas)</i> | | ARE YOU WILLING ? | |
|---------------------------|---|--------------------------|-------------------------------------|--------------------------|
| | Yes | No | Yes | No |
| General Cleaning | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ironing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cooking | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Care for newborn | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Care for toddlers (1-3yo) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Care for children (<10yo) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Care for special child | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tutoring children | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Care for elderly/disable | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Care for bedridden | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Care for pets (dogs/cats) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Laundry - handwash | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Car wash | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Gardening | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Cooking

| | | | | |
|--|--------------------------------------|-----|--------------------------|----|
| Do you cook in your family in your country? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you willing to do cooking for the family of your employer? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you willing to learn if the employer want you to learn to cook their food? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| How much do you like cooking? (please answer VERY MUCH, AVERAGE or LITTLE) | <input type="text" value="Average"/> | | | |

Pets

| | | | | |
|--|-------------------------------------|-----|-------------------------------------|----|
| Are you willing to take care of pets (dogs/cats) if your employer has pets in the house? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you afraid of dogs? Are you afraid of big dogs? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

Day Off

| | | | | |
|---|-------------------------------------|-----|--------------------------|----|
| Are you willing to work during your rest-day and employer will pay you overtime? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you willing to respect your employer's decision if they want you to take your rest day at home and not going out alone? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you ok if you do not go to church when you are working for your employer? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Cellphone

| | | | | |
|---|-------------------------------------|-----|--------------------------|----|
| Do you promise that you will only use your cellphone after you finish all the work for the day? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you willing to following the employer's rules about the daily usage of your cellphone? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Personal Commitments

| | | | | |
|--|-------------------------------------|-----|--------------------------|----|
| Are you aware that the contract is 2 years and promise to finish the 2 years contract? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you ok to work for your employer if they don't have the same religion with you? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Will you have enough patience if your employer is very strict? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Do you promise that you will honest and loyal to your employer? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Did your husband/parents allow you to work in Malaysia as a domestic helper? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you ready to separate with your family for the 2 years contract, without going back to your country? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

| | |
|---|--|
| Who will take care of your children when you work in Malaysia? | <input type="text" value="MY PARENTS"/> |
| If you feel homesick when you work in Malaysia, what are you going to do? | <input type="text" value="I JUST PRAY, I WILL ENJOY MY SELF FOR"/> |

Health Declarations / Dietary Restrictions

Past & existing illness, including chronic ailments and illness requiring medication:

| | | | | | |
|---------------------|---|----------------------------|---|---------------------|---|
| Diabetes (FBS) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Asthma | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Depression | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| High Blood Pressure | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Anemia (low red blood) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Heart disease | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Gastric | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Pneumonia (lung infection) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Epilepsy (seizures) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Migraine | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Dysmenorrhea (period pain) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Malaria | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | |
|---|---|---------------------|--|
| Are you allergic to any food or medications? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If YES, pls specify | <input type="text"/> |
| Are you currently taking any medications | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If YES, pls specify | <input type="text"/> |
| Have you undergone any surgery in the past? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If YES, pls specify | <input type="text"/> year <input type="text"/> |
| Have you had any accident or injuries before? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If YES, pls specify | <input type="text"/> year <input type="text"/> |

Language proficiency

| | Good | Average | Poor | No |
|-------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| 1 English | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Bahasa Malaysia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Chinese | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Arabic | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Personal Habits

| Habits | Past | Present |
|-------------------------------|-------------------------------------|--------------------------|
| Smoking | <input type="checkbox"/> | <input type="checkbox"/> |
| Vaping | <input type="checkbox"/> | <input type="checkbox"/> |
| Drinking alcohol (beer, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tattoo (show photo is any) | <input type="checkbox"/> | <input type="checkbox"/> |

Special Skills

Example: caregiver, other cuisine, baking, sewing, etc.

| | |
|---|-------------------|
| 1 | CAREGIVER |
| 2 | TUTORIAL CHILDREN |

Hobbies

Example: cooking, baking, gardening, reading, etc.

| | |
|---|-----------|
| 1 | COOKING |
| 2 | GARDENING |

Additional Courses Attended

| Course name | Duration |
|--|----------------------|
| <i>Example: caregiver, baking, cooking, etc.</i> | <i>e.g. 6 months</i> |
| 1 | <input type="text"/> |
| 2 | <input type="text"/> |

Personal Statement to Future Employer

< Write something that you wish to tell your future employer about yourself >

HELLO TO MY FUTURE EMPLOYER, I WILL BE HARDWORKING AND HONEST , RESPONSIBLE.

APPLICANT DECLARATIONS

My name is **ALEGRE AILYN PATEÑO** (passport no. **P6762121B**) I hereby confirm that all information and details given on this document is, to the best of my knowledge, true and complete. I acknowledge that I have not withheld any information which might preclude me from working abroad in Malaysia.

I have given the above information at my own will and I hereby granting my full consent to as my agency in my country and also to **Agensi Pekerjaan Innovedge Sdn Bhd** as my agency in Malaysia, to display my personal information and photos/interview video in their website (and other relevant platforms) to facilitate in getting a job and finding an employer for me in Malaysia.

I wish to testify and confirm that I want to work in Malaysia as a domestic helper. I further affirm that I shall, to the best of my abilities to complete my TWO(2) YEARS contract with my employer.

Signature & thumb print :
of applicant



Date: 28 August 2024

Additional Photos

