

FILIPINO MAID BIODATA

Name: MARY LORRAINE TAMPOS

Code: PISCO-CDO-0092

Personal Particulars

Age : 29

Date of birth : June 12, 1995

Height (cm) : 154.94 cm

Weight (kg) : 65kg

Religion : Christian (Roman Catholic)

Education level : High School Graduate

Marital status : Single Mother (w/ live-in)

No. of children : 2

Age of children : 7/11

Husband/Live-in status : Live-in only

Husband/Live-in job : LGU

No. of siblings : 2

Position in family : 1st

Provincial city : Iligan City

Current living city : Iligan City

Experience status

First timer Ex-abroad

Personal Preference for Work Categories

(1 = most preferred 4 = least preferred)

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

Employment History in Origin Country

- City/Province:
 How many: 0 year 0 months
 From what: year to year
 Work details:
- City/Province:
 How many: 0 year 0 months
 From what: year to year
 Work details:

Employment History in Overseas

- Country/City: Dubai
 How many: 3 year 0 months
 From what: 2017 year to 2020 year
 Finish contract: Yes No
 Work details: Cleaning, Take care old woman, washing clothes, Ironing.
- Country/City: Saudi Arabia
 How many: 2 year 0 months
 From what: 2022 year to 2024 year
 Finish contract: Yes No
 Work details: Cleaning, Take care kids, washing clothes, Ironing, cooking
- Country/City:
 How many: 0 year 0 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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) | Average | | | <input type="button" value="v"/> |

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? | My Mother | | | |
| If you feel homesick when you work in Malaysia, what are you going to do? | Pray and Focus | | | |

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

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"/> |

Special Skills

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

| | |
|---|--------------|
| 1 | hair stylist |
| 2 | Sewing |

Additional Courses Attended

| Course name | Duration |
|--------------------------------------------------|----------------------|
| <i>Example: caregiver, baking, cooking, etc.</i> | <i>e.g. 6 months</i> |
| 1 caregiver | 6 mons |
| 2 | |

Personal Habits

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

Hobbies

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

| | |
|---|-----------------|
| 1 | Listening music |
| 2 | Reading Books |

Personal Statement to Future Employer

< Write something that you wish to tell your future employer about yourself >
 Good day Sir/Madame, Please hire me i am honest, loyal, hard working, i promise to finish my contract, thank you.


APPLICANT DECLARATIONS

My name is **MARY LORRAINE TAMPOS** (passport no. **P5833996C**) 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: 22-Oct-2024

Additional Photos

