

## 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)

Housework + Infants/toddlers care

Housework + Children care

Housework + Elderly/disable care

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

**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   |

**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 <input checked="" type="checkbox"/> Yes <input 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?                                | CALL MY FAMILY & MAKE MYSELF BUSY                                   |

**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?  Yes  No If YES, pls specify \_\_\_\_\_

Are you currently taking any medications  Yes  No If YES, pls specify \_\_\_\_\_

Have you undergone any surgery in the past?  Yes  No If YES, pls specify **CEASARIAN** year **2015**

Have you had any accident or injuries before?  Yes  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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" 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 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

2

**Hobbies**

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

1

2

**Additional Courses Attended**

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

**Personal Statement to Future Employer**

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

to my future employer if hire me i promise to finish my contract and i will do my best

**APPLICANT DECLARATIONS**

My name is  (passport no. ) 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  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: 19-03-25

**Additional Photos**

