

FILIPINO MAID BIODATA

Name: GRETLE GRACE BIMMAHAT

Code: IJ-AV-037

Personal Particulars

Age : 41
 Date of birth : 22 March 1984
 Height (cm) : 154cm
 Weight (kg) : 56kg
 Religion : Christian (Born Again)
 Education level : College Level
 Marital status : Married
 No. of children : 4
 Age of children : 16, 13, 6, 2y.o
 Husband/Live-in status : Married and live-in
 Husband/Live-in job : Farmer
 No. of siblings : 6
 Position in family : 6th
 Provincial city : Ifugao
 Current living city : Ifugao

Experience status

☒ First timer ☐ Ex-abroad

Personal Preference for Work Categories

(1 = most preferred 4 = least preferred)

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

Employment History in Origin Country

- City/Province: BAGUIO CITY
 How many: 2 year 0 months
 From what: 2017 year to 2019 year
 Work details: Gen housework, marketing, cooking children care(10&15), elderly bedridden (85y.o with cancer)
- City/Province:
 How many: 0 year 0 months
 From what: year to year
 Work details:

Employment History in Overseas

- Country/City: Hong Kong
 How many: 0 year 1 months
 From what: 2024 year to 2024 year
 Finish contract: ☒ Yes ☐ No
 Work details: General housework, cooking, childcare (10 & 15y.o)
- Country/City:
 How many: 0 year 0 months
 From what: year to year
 Finish contract: ☒ Yes ☐ No
 Work details:
- 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 ? (experience in your country or overseas) | 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Care for bedridden | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input 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) | <input type="text" value="Very much"/> |

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? | <input type="text" value="Husband"/> |
| If you feel homesick when you work in Malaysia, what are you going to do? | <input type="text" value="Focus on my Job & call my family"/> |

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

| | | | | | | | | |
|-------------------------|------------------------------|----------------------------------------|-------------------------------------|------------------------------|----------------------------------------|------------------------------|------------------------------|----------------------------------------|
| Diabetes (<i>FBS</i>) | <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 (<i>low red blood</i>) | <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 (<i>lung infection</i>) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Epilepsy (<i>seizures</i>) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Migraine | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Dysmenorrhea (<i>period pain</i>) | <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 | | | |
| Are you currently taking any medications | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | If YES, pls specify | Oral contraceptive | | |
| 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 checked="" type="checkbox"/> | <input 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"/> |

Special Skills

| | |
|---|----------------------------------------------------------------|
| | <i>Example: caregiver, other cuisine, baking, sewing, etc.</i> |
| 1 | cleaning |
| 2 | |

Additional Courses Attended

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

Personal Habits

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

Hobbies

| | |
|---|-----------------------------------------------------------|
| | <i>Example: cooking, baking, gardening, reading, etc.</i> |
| 1 | Singing |
| 2 | Cooking |

Personal Statement to Future Employer

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

I promise to finish my 2 years contract , I am willing to work and renew my contract as long as you would like me to work with you.

APPLICANT DECLARATIONS

My name is GRETLE GRACE BIMMAHAT (passport no. P3684433B) 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 Intan Jaya 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: 21-August-2025

Additional Photos

