

## FILIPINO MAID BIODATA

 Name: **MARJORIE AGUSTIN**

 Code: **PISCO-TUG-008**

### Personal Particulars

Age : 25  
 Date of birth : 06 March 2000  
 Height (cm) : 154  
 Weight (kg) : 50  
 Religion : Christian (Born Again)  
 Education level : High School Graduate  
 Marital status : Married  
 No. of children : 2  
 Age of children : 7, 4y.o  
 Husband/Live-in status : Married and live-in  
 Husband/Live-in job : Mechanic  
 No. of siblings : 11  
 Position in family : 6th  
 Provincial city : Isabela  
 Current living city : Isabela

### 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

- City/Province: **ISABELA**  
 How many: 4 year 0 months  
 From what: 2020 year to 2024 year  
 Work details: General housework, cooking, marketing, children care (5y.o & newborn), carwash
- 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: 2025 year to 2025 year  
 Finish contract: ☐ Yes ☒ No  
 Work details: General housework, cooking, child care (1y.o), marketing, carwash
- 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 ?<br>(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 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Yes <input checked="" 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="Average"/>                                |

**Pets**

|                                                                                          |                                                                                                                                         |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Are you willing to take care of pets (dogs/cats) if your employer has pets in the house? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                     |
| Are you afraid of dogs? Are you afraid of big dogs?                                      | <input checked="" type="checkbox"/> Yes <input 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="my husband and mother"/>                          |
| If you feel homesick when you work in Malaysia, what are you going to do?                                | <input type="text" value="i will focus to my work &amp; 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?  | <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 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 checked="" type="checkbox"/> | <input 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 | cooking                                            |
| 2 |                                                    |

### Additional Courses Attended

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

### Personal Statement to Future Employer

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

TO MY FUTURE EMPLOYER I PROMISE TO SERVE YOUR FAMILY WITH ALL MY BEST, IM HARD WORKING AND RESPONSIBLE PERSON. THANK YOU.

### **APPLICANT DECLARATIONS**

My name is **MARJORIE AGUSTIN** (passport no. **P9004889C**) 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: 4-August-2025

### Additional Photos

