

## FILIPINO MAID BIODATA

 Name: **MARY MAY SORIANO**

 Code: **IN-MM-511**

### Personal Particulars

Age : 33  
 Date of birth : 13 OCTOBER 1992  
 Height (cm) : 165  
 Weight (kg) : 70 kg  
 Religion : Christian (Roman Catholic)  
 Education level : High School Graduate  
 Marital status : Single Mother (w/ live-in)  
 No. of children : 2  
 Age of children : 12, 4 y.o  
 Husband/Live-in status : Separated  
 Husband/Live-in job : None  
 No. of siblings : 4  
 Position in family : 4th  
 Provincial city : Isabela  
 Current living city : Isabela

### Experience status

☒ First timer ☐ Ex-abroad

### Personal Preference for Work Categories

(1 = most preferred 4 = least preferred)

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

### Employment History in Origin Country

- City/Province: **ISABELA**  
 How many: **3** year **0** months  
 From what: **2016** year to **2019** year  
 Work details: General housework, cooking, children care (5 y.o & 10 months old), marketing, petcare
- City/Province:   
 How many: **0** year **0** months  
 From what:   
 year to   
 year  
 Work details:

### Employment History in Overseas

- 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:
- 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><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 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 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 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 |

### 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 live-in partner &amp; my siblings"/>   |
| If you feel homesick when you work in Malaysia, what are you going to do?                                | <input type="text" value="Focus on my work/ 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If YES, pls specify |                        |
| Have you undergone any surgery in the past?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If YES, pls specify | ovarian cyst year 2014 |
| 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 type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

## Special Skills

|   | Example: caregiver, other cuisine, baking, sewing, etc. |
|---|---------------------------------------------------------|
| 1 | Take care of children                                   |
| 2 |                                                         |

## Additional Courses Attended

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

## Personal Statement to Future Employer

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

To my future employer, i hope you hire me because i am a hardworking person.

## APPLICANT DECLARATIONS

My name is **MARY MAY SORIANO** (passport no. **P2084213C**) 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

**Agensi Pekerjaan Innovedge Sdn Bhd** 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: 11-9-25

## Additional Photos

