

## FILIPINO MAID BIODATA

Name: ANGELICA BLONES

Code: GP-APIS-627

### Personal Particulars

Age : 29  
 Date of birth : 03-02-1996  
 Height (cm) : 152  
 Weight (kg) : 50  
 Religion : Christian (Roman Catholic)  
 Education level : College Level  
 Marital status : Single Mother (w/ live-in)  
 No. of children : 2  
 Age of children : 2 & 7 Y/O  
 Husband/Live-in status : Live-in only  
 Husband/Live-in job : WELDER  
 No. of siblings : 4  
 Position in family : 2nd  
 Provincial city : LEYTE  
 Current living city : TACLOBAN

### Experience status

☒ First timer ☐ Ex-abroad

### Personal Preference for Work Categories

(1 = most preferred 4 = least preferred)

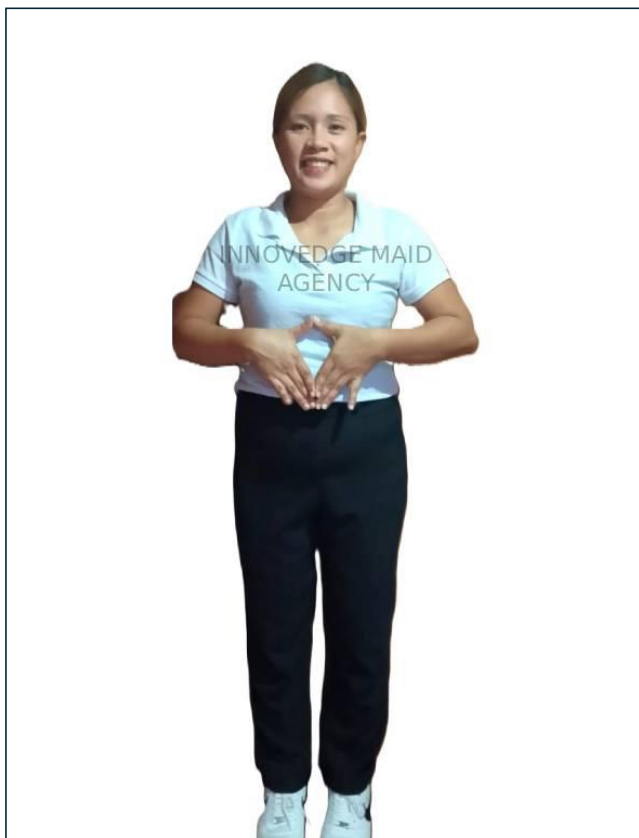
Housework + Infants/toddlers care  
 Housework + Children care  
 Housework + Elderly/disable care  
 Housework + Bedridden care

### Employment History in Origin Country

- City/Province: LEYTE  
 How many: 3 year 0 months  
 From what: 2020 year to 2023 year  
 Work details: General housework, cooking, children care (6 & 13 y/o), gardening
- 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>(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 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 type="checkbox"/> Yes <input checked="" 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 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 LIVE IN PARTNER"/>                     |
| If you feel homesick when you work in Malaysia, what are you going to do?                                | <input type="text" value="CALL MY FAMILY AFTER WORK"/>              |

## 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 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 | COOKING   |
| 2 | CLEANING  |

## 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 | SINGING  |
| 2 |  |

## Personal Statement to Future Employer

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

I AM THRUSTWORTHY , HONET, LOYAL AND HARDWORKING PERSON, I WILL DO MY BEST TO DO MY TASK

## APPLICANT DECLARATIONS

My name is **ANGELICA BLONES** (passport no. **P0840555D**) 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

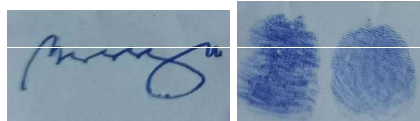
as my agency in my country and also to

**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: 10 DEC 25

## Additional Photos

