

FILIPINO MAID BIODATA

Name: MARY JOY CAGALAWAN

Code: IN-MM-535

Personal Particulars

Age : 32
 Date of birth : 22 August 1994
 Height (cm) : 151
 Weight (kg) : 71
 Religion : Christian (Roman Catholic)
 Education level : High School Level
 Marital status : Married
 No. of children : 3
 Age of children : 13, 9, 7 y.o
 Husband/Live-in status : Married and live-in
 Husband/Live-in job : Tricycle driver
 No. of siblings : 6
 Position in family : 6th
 Provincial city : Davao del norte
 Current living city : Davao del norte


Experience status
 First timer Ex-abroad

Personal Preference for Work Categories

(1 = most preferred 4 = least preferred)

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

Employment History in Origin Country

1.	City/Province: DAVAO CITY
	How many: 4 year 0 months
	From what: 2007 year to 2010 year
	Work details: General housework, cooking, assist in children (17, 16, 13y.o)
2.	City/Province: DAVAO CITY
	How many: 1 year 0 months
	From what: 2011 year to 2012 year
	Work details: General housework, cooking, childcare (3 y.o)

Employment History in Overseas

1.	Country/City: KUWAIT
	How many: 2 year 6 months
	From what: 2022 year to 2025 year
	Finish contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Work details: General housework, cooking, car wash, gardening, children care (10, 8,7,5 y.o)
2.	Country/City:
	How many: 0 year 0 months
	From what: year to year
	Finish contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Work details:
3.	Country/City:
	How many: 0 year 0 months
	From what: year to year
	Finish contract: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Work details:

Specific Working Experience & Preference

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

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 husband			
If you feel homesick when you work in Malaysia, what are you going to do?	I'll make myself busy especially to my 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 checked="" type="checkbox"/>	<input type="checkbox"/>

Special Skills

	Example: caregiver, other cuisine, baking, sewing, etc.
1	cooking arabic food
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	gardening
2	

Personal Statement to Future Employer

< Write something that you wish to tell your future employer about yourself >
Dear Ma'am / sir,
I will do my best for my work patiently and stay focus to finish my contract.

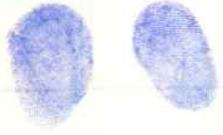
APPLICANT DECLARATIONS

My name is **MARY JOY CAGALAWAN** (passport no. **P0732147C**) 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 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 :  

Date: **1-13-24**

Additional Photos

