

# FILIPINO MAID BIODATA

Name: **CHERRY MAE DUMANOP**

Code: **IN-MM-540**
**Personal Particulars**

Age : 31  
 Date of birth : 14 August 1994  
 Height (cm) : 162  
 Weight (kg) : 58  
 Religion : Christian (Roman Catholic)  
 Education level : College Graduate  
 Marital status : Married  
 No. of children : 2  
 Age of children : 11, 8y.o  
 Husband/Live-in status : Married and live-in  
 Husband/Live-in job : Laborer  
 No. of siblings : 4  
 Position in family : 1st  
 Provincial city : Cabarunggis, Quirino Province  
 Current living city : Quirino Province


**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: **[ ]**  
 How many: 0 year 0 months  
 From what: **[ ]** year to **[ ]** year  
 Work details: **[ ]**

2. City/Province: **HONGKONG**  
 How many: 1 year 7 months  
 From what: **2024** year to **2025** year  
 Work details: General housework, cooking, children care (11, 9 & 4y.o), car wash

**Employment History in Overseas**

1. Country/City: **HONGKONG**  
 How many: 0 year 3 months  
 From what: **2023** year to **2023** year  
 Finish contract:  Yes  No  
 Work details: General housework, cooking, children care (5 & 7 y.o), pet care (dog & cat)

2. Country/City: **HONGKONG**  
 How many: 2 year 0 months  
 From what: **2021** year to **2023** year  
 Finish contract:  Yes  No  
 Work details: General housework, cooking, children care (9, 7 & newborn), car wash

3. Country/City: **HONGKONG**  
 How many: 2 year 0 months  
 From what: **2019** year to **2021** year  
 Finish contract:  Yes  No  
 Work details: General housework, cooking, marketing, children care (5, 7 & 11y.o), elderly assist (60 & 62y.o)

## Specific Working Experience & Preference

TYPE OF WORK	DO YOU HAVE EXPERIENCE ? (experience in your country or overseas)		ARE YOU WILLING ?	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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 type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Tutoring children	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Care for elderly/disable	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Care for bedridden	<input type="checkbox"/>	Yes	<input checked="" 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 type="checkbox"/>	Yes	<input checked="" 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)	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?	HUSBAND	
If you feel homesick when you work in Malaysia, what are you going to do?	I WILL 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, pls specify		
Have you had any accident or injuries before?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, pls specify		

## 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	Baking
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	Cooking
2	

## Personal Statement to Future Employer

< Write something that you wish to tell your future employer about yourself >
HELLO MAAM/SIR, PLEASE CHOICE ME AS YOUR HELPER BECAUSE I AM HARD WORKING, HONEST AND OBEDIENT

## APPLICANT DECLARATIONS

My name is **CHERRY MAE DUMANOP** (passport no. **P54026776B**) 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: 20-January-2026

## Additional Photos

