

FILIPINO MAID BIODATA

Name: MARICEL JUAN

Code: IN-MM-543

Personal Particulars

Age : 35
 Date of birth : 28 Sept 1990
 Height (cm) : 148
 Weight (kg) : 52
 Religion : Christian (Roman Catholic)
 Education level : High School Graduate
 Marital status : Married
 No. of children : 1
 Age of children : 8
 Husband/Live-in status : Married and live-in
 Husband/Live-in job : Village Safety Officer
 No. of siblings : 6
 Position in family : 3rd
 Provincial city : Ifugao
 Current living city : Ifugao


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:
 How many: 0 year 0 months
 From what: year to year
 Work details:

Employment History in Overseas

1. Country/City: SAUDI ARABIA
 How many: 3 year 8 months
 From what: 2021 year to 2025 year
 Finish contract: Yes No
 Work details: General housework, cooking, assist in elderly 75y.o(during ramadan)

2. Country/City:
 How many: 0 year 0 months
 From what: year to year
 Finish contract: Yes No
 Work details:

3. 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 ? (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 checked="" type="checkbox"/>	Yes	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>

Special Skills

	Example: caregiver, other cuisine, baking, sewing, etc.
1	<input type="text"/>
2	<input type="text"/>

Additional Courses Attended

Course name	Duration
Example: caregiver, baking, cooking, etc.	e.g. 6 months
1	<input type="text"/>
2	<input type="text"/>

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 <input type="text"/> Cooking
2 <input type="text"/>

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
<input type="button" value="+"/>

APPLICANT DECLARATIONS

My name is **MARICEL JUAN** (passport no. **P6268745B**) 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 :
of applicant

Date: 20-January-2026

Additional Photos

