

FILIPINO MAID BIODATA

Name: LORENA INOCENTE

Code: IN-MM-550

Personal Particulars

Age : 41
 Date of birth : 10 December 1984
 Height (cm) : 153
 Weight (kg) : 55
 Religion : Christian (Roman Catholic)
 Education level : High School Graduate
 Marital status : Married
 No. of children : 4
 Age of children : 19,18,13,10
 Husband/Live-in status : Married and live-in
 Husband/Live-in job : Tricycle driver
 No. of siblings : 4
 Position in family : 4th
 Provincial city : South Cotabato
 Current living city : Koronadal South Cotabato

Experience status
 First timer Ex-abroad

Personal Preference for Work Categories

(1 = most preferred 4 = least preferred)

1	Housework + Infants/todlers care
1	Housework + Children care
1	Housework + Elderly/disable care
1	Housework + Bedridden care

Employment History in Origin Country

1.	City/Province: SOUTH COTABATO
	How many: 2 year 0 months
	From what: 2010 year to 2012 year
	Work details: General housework, cooking, childcare (2y.o), gardening
2.	City/Province: SOUTH COTABATO
	How many: 0 year 5 months
	From what: 8/25 year to 12/25 year
	Work details: General housework, cooking, child care (2y.o)

Employment History in Overseas

1.	Country/City: MALAYSIA
	How many: 0 year 7 months
	From what: 2022 year to 2023 year
	Finish contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Work details: General housework, cooking, car wash, gardening, pet care (cat, dog, bird)
2.	Country/City: JORDAN
	How many: 1 year 3 months
	From what: 2024 year to 2025 year
	Finish contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Work details: General housework, cooking, childcare (12y.o), elderly care (72y.o with kidney failure), pet care (cat, dog & bird)
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 ? (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 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?	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	OTHER CUISINE
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 MADAM/SIR YOU SHOULD HIRE ME BECUASE I DO MY BEST AND TO DO MY WORK I PROMISE TO FINISH MY CONTRACT AND TREAT YOU AS MY FAMILY TOO

APPLICANT DECLARATIONS

My name is **LORENA INOCENTE** (passport no. **P5711808A**) 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: **01-22-2025**

Additional Photos

