

FILIPINO MAID BIODATA

Name: ANGELICA OPUZ

Code: TC-VM-105

Personal Particulars

Age : 37
 Date of birth : 15-11-1989
 Height (cm) : 151
 Weight (kg) : 65
 Religion : Christian (Roman Catholic)
 Education level : High School Graduate
 Marital status : Single Mother (w/ live-in)
 No. of children : 1
 Age of children : 18 Y/O
 Husband/Live-in status : Live-in only
 Husband/Live-in job : DRIVER
 No. of siblings : 4
 Position in family : 2nd
 Provincial city : VALENZUELA CITY
 Current living city : VALENZUELA CITY

Experience status
 First timer Ex-abroad

Personal Preference for Work Categories

(1 = most preferred 4 = least preferred)

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

Employment History in Origin Country

1. City/Province:
 How many: year months
 From what: year to year
 Work details:

2. City/Province:
 How many: year months
 From what: year to year
 Work details:

Employment History in Overseas

1. Country/City: MALAYSIA
 How many: year months
 From what: year to year
 Finish contract: Yes No
 Work details: General housework, pet care (dog), gardening, carwash

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

3. Country/City:
 How many: year 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 ? | |
|---------------------------|--|--|---|--|
| 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 type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Care for elderly/disable | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes | <input 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 checked="" type="checkbox"/> Yes | <input 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) | 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 MOTHER | |
| If you feel homesick when you work in Malaysia, what are you going to do? | I WILL PRAY & KEEP 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If YES, pls specify | SEAFOOD |
| 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 | year <input type="text"/> |
| Have you had any accident or injuries before? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If YES, pls specify | year <input type="text"/> |

Language proficiency

| | Good | Average | Poor | No |
|-------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| 1 English | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 | ELDERLY CARE |
| 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 checked="" type="checkbox"/> |

Hobbies

| | |
|---|--|
| | Example: cooking, baking, gardening, reading, etc. |
| 1 | LISTENING TO MUSIC |
| 2 | |

Personal Statement to Future Employer

| |
|--|
| < Write something that you wish to tell your future employer about yourself > |
| DEAR FUTURE PLEASE CHOOSE ME AS YOUR HELPER I AM TRUSTWORTHY AND HARDWORKING, I AM WILLING TO FINISH MY CONTRACT. |

APPLICANT DECLARATIONS

My name is **ANGELICA OPUZ** (passport no. **P7902453B**) 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 TC Resources Sdn Bhd as my agency in my country and also to **TC RESOURCES MAID AGENCY** 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:

Additional Photos

