

## FILIPINO MAID BIODATA

Name:

Code:

### Personal Particulars

Age :

Date of birth :

Height (cm) :

Weight (kg) :

Religion :

Education level :

Marital status :

No. of children :

Age of children :

Husband/Live-in status :

Husband/Live-in job :

No. of siblings :

Position in family :

Provincial city :

Current living city :

### Experience status

First timer  Ex-abroad

### Personal Preference for Work Categories

(1 = most preferred 4 = least preferred)

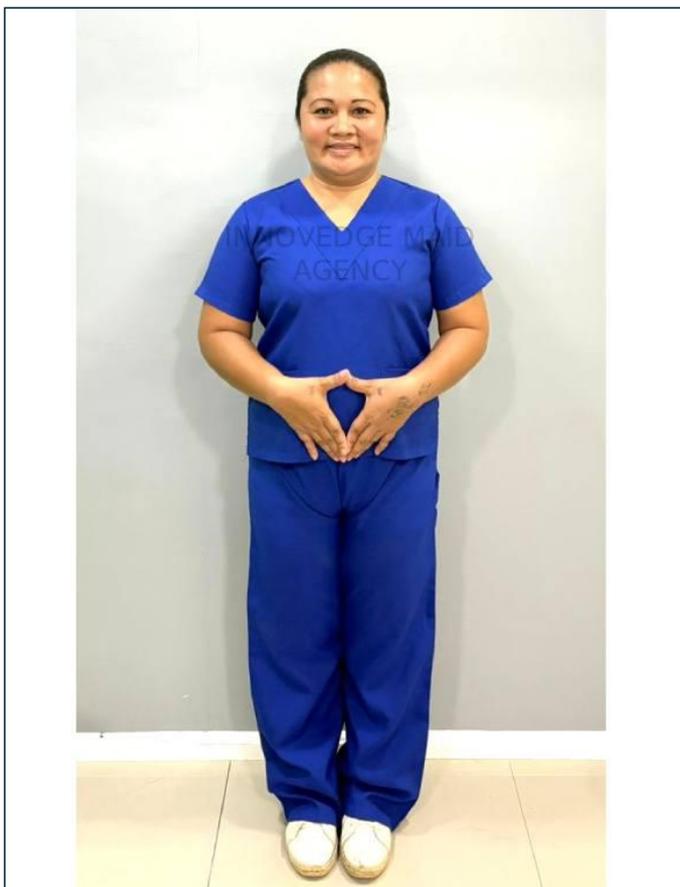
- Housework + Infants/toddlers care
- Housework + Children care
- Housework + Elderly/disable care
- Housework + Bedridden care

### Employment History in Origin Country

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

### Employment History in Overseas

- Country/City:   
How many:  year  months  
From what:  year to  year  
Finish contract:  Yes  No  
Work details:
- Country/City:   
How many:  year  months  
From what:  year to  year  
Finish contract:  Yes  No  
Work details:
- 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 ? <i>(experience in your country or overseas)</i>		ARE YOU WILLING ?	
	Yes	No	Yes	No
General Cleaning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ironing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care for newborn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care for toddlers (1-3yo)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care for children (<10yo)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care for special child	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tutoring children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care for elderly/disable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care for bedridden	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care for pets (dogs/cats)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Laundry - handwash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Car wash	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gardening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Cooking**

Do you cook in your family in your country?  Yes  No

Are you willing to do cooking for the family of your employer?  Yes  No

Are you willing to learn if the employer want you to learn to cook their food?  Yes  No

How much do you like cooking? (please answer VERY MUCH, AVERAGE or LITTLE)

**Pets**

Are you willing to take care of pets (dogs/cats) if your employer has pets in the house?  Yes  No

Are you afraid of dogs? Are you afraid of big dogs?  Yes  No  Yes  No

**Day Off**

Are you willing to work during your rest-day and employer will pay you overtime?  Yes  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?  Yes  No

Are you ok if you do not go to church when you are working for your employer?  Yes  No

**Cellphone**

Do you promise that you will only use your cellphone after you finish all the work for the day?  Yes  No

Are you willing to following the employer's rules about the daily usage of your cellphone?  Yes  No

**Personal Commitments**

Are you aware that the contract is 2 years and promise to finish the 2 years contract?  Yes  No

Are you ok to work for your employer if they don't have the same religion with you?  Yes  No

Will you have enough patience if your employer is very strict?  Yes  No

Do you promise that you will honest and loyal to your employer?  Yes  No

Did your husband/parents allow you to work in Malaysia as a domestic helper?  Yes  No

Are you ready to separate with your family for the 2 years contract, without going back to your country?  Yes  No

Who will take care of your children when you work in Malaysia?

If you feel homesick when you work in Malaysia, what are you going to do?

**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?  Yes  No If YES, pls specify

Are you currently taking any medications  Yes  No If YES, pls specify

Have you undergone any surgery in the past?  Yes  No If YES, pls specify  year

Have you had any accident or injuries before?  Yes  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 type="checkbox"/>	<input checked="" type="checkbox"/>

**Special Skills**

*Example: caregiver, other cuisine, baking, sewing, etc.*

1

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**Additional Courses Attended**

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

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**Personal Statement to Future Employer**

< Write something that you wish to tell your future employer about yourself >

Dear Future Employer, I'm honest, hard-working, and I'm willing to learn anything you want me to do, for me to grow not just an employee but also a individual. I promise to finish my contract.

**APPLICANT DECLARATIONS**

My name is  (passport no. ) 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  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: 21-Feb-2026

**Additional Photos**



## DH APPLICANT'S PERSONAL DETAILS

< FOR AGENCY OFFICE USE ONLY >

Name:  Code:

Cellphone no. #1 :  Cellphone no. #2 :

Passport Number:  Issue date:

Passport status:  Expiry date:

Pre-Medical Status:  Pre-Medical Date:

Final Medical Status:  Final Medical Date:

Provincial Full Address :

Barangay :  City/Municipality :

Province :  ZIP Code :

Residential Full Address :

Barangay :  City/Municipality :

Province :  ZIP Code :

### Family Background

Father's Name :  Age :  Occupation :

Cellphone no. :

Mother's Name :  Age :  Occupation :

Cellphone no. :

Live-in's / Husband's information (If still together / not separated)

Name:  Age :  Occupation :

Cellphone no. :

### Beneficiary

Name:  Relationship :

Cellphone no. :

Referrals (someone who know you e.g. siblings, relatives, ex employers, friends, etc.)

#1 Name :  Relationship :

Cellphone no. :

#2 Name :  Relationship :

Cellphone no. :

Signature & thumb print :  
of applicant

Date: