

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)

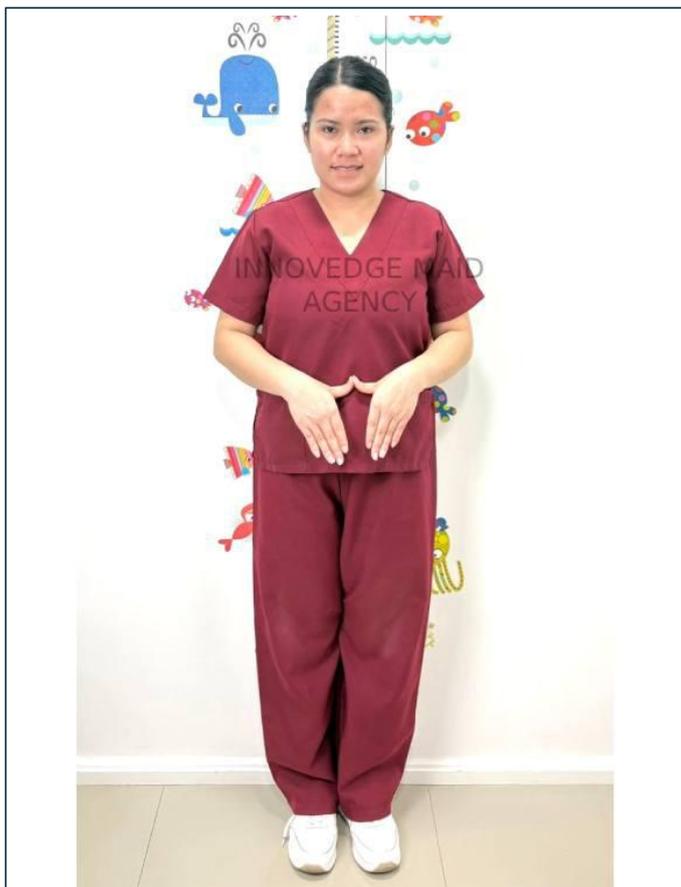
- Housework + Infants/toddlers care
- Housework + Children care
- Housework + Elderly/disable care
- Housework + Bedridden care

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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care for bedridden	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care for pets (dogs/cats)	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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)	<input type="text" value="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?	<input type="text" value="My sister"/>			
If you feel homesick when you work in Malaysia, what are you going to do?	<input type="text" value="Call my family"/>			

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	<input type="text"/>
Are you currently taking any medications	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, pls specify	<input type="text"/>
Have you undergone any surgery in the past?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES, pls specify	<input type="text"/> 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	<input type="text"/> year <input type="text"/>

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

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

Additional Courses Attended

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

	<i>Example: cooking, baking, gardening, reading, etc.</i>
1	<input type="text"/>
2	<input type="text"/>

Personal Statement to Future Employer

< Write something that you wish to tell your future employer about yourself >
 I LOVE TAKING CARE OF BABIES AND I WILL RESPECT THE DIFFERENCE OF OUR CULTURE, I AM WIKKING TO UNDERSTAND AND ADJUST WITH MY WORKING HOUR IF MY EMPLOYER WANT TO

APPLICANT DECLARATIONS

My name is **KATE YATOR** (passport no. **P9615833C**) 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: 23-Feb-2026

Additional Photos

