

FILIPINO MAID BIODATA

Name: MYLA PADILLA

Code: IN-MM-674

Personal Particulars

Age : 33
 Date of birth : 31 May 1993
 Height (cm) : 169
 Weight (kg) : 69
 Religion : Christian (Born Again)
 Education level : High School Graduate
 Marital status : Single Mother (w/ live-in)
 No. of children : 2
 Age of children : 11,13 y.o
 Husband/Live-in status : Live-in only
 Husband/Live-in job : Truck Driver
 No. of siblings : 6
 Position in family : 3rd
 Provincial city : Nueva Vizcaya
 Current living city : Nueva Vizcaya

Experience status

First timer Ex-abroad

Personal Preference for Work Categories

(1 = most preferred 4 = least preferred)

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

Employment History in Origin Country

- City/Province:
 How many: 0 year 0 months
 From what: year to year
 Work details:
- City/Province:
 How many: 0 year 0 months
 From what: year to year
 Work details:

Employment History in Overseas

- Country/City: SAUDI ARABIA
 How many: 2 year 0 months
 From what: 2017 year to 2019 year
 Finish contract: Yes No
 Work details: General housework, cooking sometimes, assist in children (21, 19, 17, 15 & 14)
- Country/City: DUBAI
 How many: 2 year 0 months
 From what: 2020 year to 2022 year
 Finish contract: Yes No
 Work details: General housework, cooking, children care (15, 13, 11 & newborn)
- 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 ? <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 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 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 type="checkbox"/> | <input checked="" 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? | <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 checked="" type="checkbox"/> | Yes | <input 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="Live in Partner"/> | | | |
| If you feel homesick when you work in Malaysia, what are you going to do? | <input type="text" value="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 | <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

| | 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"/> | <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

| | Example: cooking, baking, gardening, reading, etc. |
|---|--|
| 1 | Listening to music |
| 2 | <input type="text"/> |

Personal Statement to Future Employer

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

To my future employer, i hope your hire me

APPLICANT DECLARATIONS

My name is **MYLA PADILLA** (passport no. **P6990965B**) 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: 24-April-2026

Additional Photos

