

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

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:

How many: year months

From what: year to year

Finish contract: Yes No

Work details:

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 ?		ARE YOU WILLING ?	
	<i>(experience in your country or overseas)</i>			
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 type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Tutoring children	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Care for elderly/disable	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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? 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	Dysmenorrhoea (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 >
PLEASE CHOOSE ME AS YOUR HOUSEMAID BECAUSE IM HARDWORKING AND HONEST

APPLICANT DECLARATIONS

My name is **CLARABELLE SADJE** (passport no. **P9940711C**) 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: 13-May-2026

Additional Photos

