



CODE: SMU916 (IJ)

NAME: MAS AINI

### CANDIDATE STATUS

☒ First-timer

☐ Ex-abroad

### NATIONALITY

INDONESIA

### DATE OF BIRTH

10-08-1984

### AGE

42

### RELIGION

ISLAM

### MARITAL STATUS

MARRIED

### HEIGHT

159CM

### WEIGHT

53KG

### EDUCATION

JUNIOR HIGH

### PLACE OF ORIGIN

BATANG HARI

### CURRENT LOCATION

LAMPUNG

## Family Information

### Husband/Live-in Status

HUSBAND

### Occupation

FARMER

### No. of Siblings

5

### Position in Family

4

### No. of Children

2

### Children's Ages

22 & 26 Y/O

## Language Proficiency

None Basic Good Fluent

English

☒

☐

☐

☐

Bahasa  
Malaysia

☐

☐

☒

☐

Mandarin

☒

☐

☐

☐

Arabic

☒

☐

☐

☐

## Work Preference

RANK 1 TO 4 · 1 = MOST PREFERRED

2

Housework + children care

1

Housework + infants / toddlers care

2

Housework + elderly / disability care

2

Housework + bedridden care

## Employment History

### EMPLOYMENT 1

☒ Local

☐ Overseas

Completed Contract?

☐ Yes

☒ No

### COUNTRY

LAMPUNG, INDONESIA

### TYPE OF HOUSE (e.g. condo, terrace, bungalow)

2-storey terrace

### PERIOD (mm/yyyy to mm/yyyy)

04-2020 to 11-2023

### NO. OF PEOPLE IN THE HOUSE

3 adults 2 children 1 maids

### TOTAL DURATION

3 years 7 months

### IF CONTRACT NOT COMPLETED, WHY?

Quit because mother fell sick

### WORK CATEGORY

☒ Housework

☐ Newborn

☒ Elderly

☒ Cooking

☐ Childcare

☐ Bedridden

### MAIN DUTIES

Take care of elderly 70 y/o (partial stroke)

change diapers, prepare food, bring outside,

cook, clean, iron & wash clothes, water plant

### EMPLOYMENT 2

☐ Local

☐ Overseas

Completed Contract?

☐ Yes

☐ No

### COUNTRY

### TYPE OF HOUSE (e.g. condo, terrace, bungalow)

### PERIOD (mm/yyyy to mm/yyyy)

### NO. OF PEOPLE IN THE HOUSE

### TOTAL DURATION

### IF CONTRACT NOT COMPLETED, WHY?

### WORK CATEGORY

☐ Housework

☐ Newborn

☐ Elderly

☐ Cooking

☐ Childcare

☐ Bedridden

### MAIN DUTIES

### EMPLOYMENT 3

☐ Local

☐ Overseas

Completed Contract?

☐ Yes

☐ No

### COUNTRY

### TYPE OF HOUSE (e.g. condo, terrace, bungalow)

### PERIOD (mm/yyyy to mm/yyyy)

### NO. OF PEOPLE IN THE HOUSE

### TOTAL DURATION

### IF CONTRACT NOT COMPLETED, WHY?

### WORK CATEGORY

☐ Housework

☐ Newborn

☐ Elderly

☐ Cooking

☐ Childcare

☐ Bedridden

### MAIN DUTIES

| <b>EMPLOYMENT 4</b>                                                                                                        |                                                                                                                           | <input type="checkbox"/> Local <input type="checkbox"/> Overseas                                                                                                                                                                       | <b>Completed Contract?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>COUNTRY</b><br><input style="width: 100%;" type="text"/>                                                                | <b>TYPE OF HOUSE</b> <i>(e.g. condo, terrace, bungalow)</i><br><input style="width: 100%;" type="text"/>                  | <b>WORK CATEGORY</b><br><input type="checkbox"/> Housework <input type="checkbox"/> Newborn <input type="checkbox"/> Elderly<br><input type="checkbox"/> Cooking <input type="checkbox"/> Childcare <input type="checkbox"/> Bedridden |                                                                                     |
| <b>PERIOD (mm/yyyy to mm/yyyy)</b><br><input style="width: 50%;" type="text"/> to <input style="width: 50%;" type="text"/> | <b>NO. OF PEOPLE IN THE HOUSE</b><br><input type="text"/> adults <input type="text"/> children <input type="text"/> maids | <b>MAIN DUTIES</b><br><input style="width: 100%;" type="text"/><br><input style="width: 100%;" type="text"/><br><input style="width: 100%;" type="text"/>                                                                              |                                                                                     |
| <b>TOTAL DURATION</b><br><input type="text"/> years <input type="text"/> months                                            | <b>IF CONTRACT NOT COMPLETED, WHY?</b><br><input style="width: 100%;" type="text"/>                                       |                                                                                                                                                                                                                                        |                                                                                     |

| <b>EMPLOYMENT 5</b>                                                                                                        |                                                                                                                           | <input type="checkbox"/> Local <input type="checkbox"/> Overseas                                                                                                                                                                       | <b>Completed Contract?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>COUNTRY</b><br><input style="width: 100%;" type="text"/>                                                                | <b>TYPE OF HOUSE</b> <i>(e.g. condo, terrace, bungalow)</i><br><input style="width: 100%;" type="text"/>                  | <b>WORK CATEGORY</b><br><input type="checkbox"/> Housework <input type="checkbox"/> Newborn <input type="checkbox"/> Elderly<br><input type="checkbox"/> Cooking <input type="checkbox"/> Childcare <input type="checkbox"/> Bedridden |                                                                                     |
| <b>PERIOD (mm/yyyy to mm/yyyy)</b><br><input style="width: 50%;" type="text"/> to <input style="width: 50%;" type="text"/> | <b>NO. OF PEOPLE IN THE HOUSE</b><br><input type="text"/> adults <input type="text"/> children <input type="text"/> maids | <b>MAIN DUTIES</b><br><input style="width: 100%;" type="text"/><br><input style="width: 100%;" type="text"/><br><input style="width: 100%;" type="text"/>                                                                              |                                                                                     |
| <b>TOTAL DURATION</b><br><input type="text"/> years <input type="text"/> months                                            | <b>IF CONTRACT NOT COMPLETED, WHY?</b><br><input style="width: 100%;" type="text"/>                                       |                                                                                                                                                                                                                                        |                                                                                     |

## Childcare Experience

| TYPE / AGE GROUP                                          | DUTIES PERFORMED                                                                                                                                                 |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Newborn (0–12 mths)   | <input type="checkbox"/> Sharing room with child <input checked="" type="checkbox"/> Diaper changing <input checked="" type="checkbox"/> Dressing up             |
| <input checked="" type="checkbox"/> Toddler (1–3 yrs)     | <input checked="" type="checkbox"/> Bottle feeding <input checked="" type="checkbox"/> Bathing <input checked="" type="checkbox"/> Homework guidance             |
| <input checked="" type="checkbox"/> Preschool (3–6 yrs)   | <input checked="" type="checkbox"/> Spoon feeding <input checked="" type="checkbox"/> Hair care/tying hair <input checked="" type="checkbox"/> Night care        |
| <input checked="" type="checkbox"/> School-age (6–12 yrs) | <input checked="" type="checkbox"/> Milk preparation <input checked="" type="checkbox"/> School preparation <input checked="" type="checkbox"/> Play /activities |

## Elderly & Disability Care Experience

| TYPE / AGE GROUP                                          | DUTIES PERFORMED                                                                                                                                                      |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Elderly companionship | <input checked="" type="checkbox"/> Sharing room with elderly <input checked="" type="checkbox"/> Bathing <input checked="" type="checkbox"/> Meal preparation        |
| <input checked="" type="checkbox"/> Limited mobility      | <input checked="" type="checkbox"/> Mobility assistance <input checked="" type="checkbox"/> Dressing up <input checked="" type="checkbox"/> Toileting help            |
| <input type="checkbox"/> Dementia                         | <input checked="" type="checkbox"/> Transfer assistance <input checked="" type="checkbox"/> Medication reminders <input checked="" type="checkbox"/> Exercise/Walking |
| <input checked="" type="checkbox"/> Disable               | <input checked="" type="checkbox"/> Feeding assistance <input type="checkbox"/> Insulin injection <input type="checkbox"/> Bedridden care                             |

## Cooking

|                                                               |                                                                                                                  |                                  |                                                |                                             |                                  |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------|---------------------------------------------|----------------------------------|
| Do you cook in your country?                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              | What types of food can you cook? | <input type="checkbox"/> Filipino              | <input type="checkbox"/> Chinese            | <input type="checkbox"/> Western |
| Willing to cook for the members of your employer's household? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |                                  | <input checked="" type="checkbox"/> Indonesian | <input type="checkbox"/> Arabic             | <input type="checkbox"/> Malay   |
| Willing to handle and cook pork?                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              | Any dietary restrictions?        | <input type="checkbox"/> Indian                | <input type="checkbox"/> Others: _____      |                                  |
|                                                               |                                                                                                                  |                                  | <input type="checkbox"/> None                  | <input checked="" type="checkbox"/> No pork | <input type="checkbox"/> No beef |
| How much do you like cooking?                                 | <input checked="" type="checkbox"/> Very much <input type="checkbox"/> Average <input type="checkbox"/> Not much |                                  | <input type="checkbox"/> Vegetarian            | <input type="checkbox"/> Others: _____      |                                  |

## Pet Care

|                              |                                                                     |                          |                                             |                                                                               |
|------------------------------|---------------------------------------------------------------------|--------------------------|---------------------------------------------|-------------------------------------------------------------------------------|
| Are you a pet lover?         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Pet tasks willing to do: | <input checked="" type="checkbox"/> Feeding | <input checked="" type="checkbox"/> Bathing / grooming                        |
| Comfortable caring for cats? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          | <input checked="" type="checkbox"/> Walking | <input checked="" type="checkbox"/> Cleaning waste / litter box               |
| Comfortable caring for dogs? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Are you afraid of dogs?  | <input checked="" type="checkbox"/> No      | <input type="checkbox"/> Yes, all dogs <input type="checkbox"/> Big dogs only |
| Any allergy to animal fur?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                          |                                             |                                                                               |

## Specific Work Willingness

| WILLINGNESS |                                         |                             | WILLINGNESS         |                                         |                             | WILLINGNESS     |                                         |                             |
|-------------|-----------------------------------------|-----------------------------|---------------------|-----------------------------------------|-----------------------------|-----------------|-----------------------------------------|-----------------------------|
| Cleaning    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Newborn Care        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Elderly Care    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Laundry     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Infant/Toddler Care | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Bedridden Care  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ironing     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Childcare           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Disability Care | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cooking     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Special Child Care  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Dog Care        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Handwash    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Plant Watering      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Cat Care        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

## Day-Off & Cellphone Usage

\*as per nationality guidelines

|                                   |                                         |                             |                                   |                                         |                             |
|-----------------------------------|-----------------------------------------|-----------------------------|-----------------------------------|-----------------------------------------|-----------------------------|
| Work on rest day for extra pay?*  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Follow employer's phone rules?    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Willing to stay home on rest day? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Use phone after work hours only?* | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Respect employer's privacy?       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Use social media responsibly?     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

## Work & Personal Readiness

|                                                              |                                         |                             |                                                                     |  |
|--------------------------------------------------------------|-----------------------------------------|-----------------------------|---------------------------------------------------------------------|--|
| Willing to complete the full 2-year contract?                | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Who will care for your children while you are away? (if applicable) |  |
| Does your family support your decision to work overseas?     | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |                                                                     |  |
| Prepared to live away from your family for minimum 2 years?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |                                                                     |  |
| Have you lived away from your family before?                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | What will you do when you feel homesick?                            |  |
| Comfortable working for a family of a different religion?    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |                                                                     |  |
| Comfortable working with different religious practices?      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | i will call my family once a week                                   |  |
| Comfortable adjusting religious activities to work schedule? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |                                                                     |  |

## Skills & Interests

### SPECIAL SKILLS

### HOBBIES / INTERESTS

I love gardening

## What do you want to tell your future employer?



I am ready to work for my employer & be a  
good worker & be very detailed with my work &  
I am also willing to learn new things.

## Agency's Remarks

FOR OFFICE USE · COMPLETED BY INTERVIEWER

She have glasses for glare, needed only to read.

She have motion sickness after 10hours onwards &amp; can be manage with medicine.

## Additional Photos



## Family & Connections in Malaysia

AS DECLARED BY THE APPLICANT

|                                                      | Y                        | N                                   | REMARKS |
|------------------------------------------------------|--------------------------|-------------------------------------|---------|
| Any relative or family member currently in Malaysia? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |         |
| Anyone else you know currently in Malaysia?          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |         |
| Has any relative of yours worked in Malaysia before? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |         |

## Medical History Declaration

HAVE YOU EVER HAD, OR DO YOU NOW HAVE:

|                              | Y                                   | N                                   | REMARKS          |                                     | Y                                   | N                                   | REMARKS       |
|------------------------------|-------------------------------------|-------------------------------------|------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------|
| Short / long sightedness     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | For reading only | Tuberculosis (TB)                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| High blood pressure          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                  | Hepatitis                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| Diabetes                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                  | Skin disease / persistent rash      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| Heart disease                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                  | Back, joint or muscle problems      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| Gastric                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                  | Motion sickness / car sickness      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | After 10hours |
| Thyroid                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                  | Allergies (food, medicine, animals) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| Hemorrhoids                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                  | Other illness / regular medication  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |               |
| Asthma or breathing problems | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                  |                                     |                                     |                                     |               |

## Lifestyle, Diet & Body Markings

|                                    |                                   |                                       |                                             |
|------------------------------------|-----------------------------------|---------------------------------------|---------------------------------------------|
| Do you smoke?                      | <input type="checkbox"/> Yes, now | <input type="checkbox"/> Yes, used to | <input checked="" type="checkbox"/> Never   |
| Do you vape?                       | <input type="checkbox"/> Yes, now | <input type="checkbox"/> Yes, used to | <input checked="" type="checkbox"/> Never   |
| Do you drink alcohol?              | <input type="checkbox"/> Yes, now | <input type="checkbox"/> Yes, used to | <input checked="" type="checkbox"/> Never   |
| Any tattoo?                        | <input type="checkbox"/> Y        | <input checked="" type="checkbox"/> N | location / size / visible in short sleeves? |
| Any food you cannot eat or handle? | Cannot eat pork                   |                                       |                                             |

## Dental

|                    |                                   |                                       |                                           |                       |
|--------------------|-----------------------------------|---------------------------------------|-------------------------------------------|-----------------------|
| Braces / retainer? | <input type="checkbox"/> Yes, now | <input type="checkbox"/> Yes, used to | <input checked="" type="checkbox"/> Never | If yes, removal date: |
| Any dental issues? | <input type="checkbox"/> Yes, now | <input type="checkbox"/> Yes, used to | <input checked="" type="checkbox"/> Never |                       |

## Operations & Hospitalisation

|                                                                                           |                                                                                            |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> No, I have never had an operation / been hospitalised |                                                                                            |
| <input type="checkbox"/> Yes, details below                                               | type of operation / reason · year · hospital & country · fully recovered? ongoing effects? |

## Reproductive Health

|                          |                                   |                                                  |                                           |                                                 |
|--------------------------|-----------------------------------|--------------------------------------------------|-------------------------------------------|-------------------------------------------------|
| Using any contraception? | <input type="checkbox"/> Yes, now | <input checked="" type="checkbox"/> Yes, used to | <input type="checkbox"/> Never            | Implant                                         |
| Any menstrual problem?   | <input type="checkbox"/> Yes, now | <input type="checkbox"/> Yes, used to            | <input checked="" type="checkbox"/> Never | heavy bleeding / severe pain / irregular cycles |

## Financial & Debt Declaration

|                                          | Y                        | N                                   | REMARKS |
|------------------------------------------|--------------------------|-------------------------------------|---------|
| Any outstanding personal loans or debts? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |         |
| Any outstanding bank loans or debts?     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |         |

## Declaration Status

VERIFIED AT INTERVIEW

|                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Applicant declares she is applying voluntarily (not forced, threatened or deceived) |
|-------------------------------------------------------------------------------------------------------------------------|

Information as declared by the applicant in the Applicant Declaration &amp; Consent Form. Medical fitness is confirmed by FOMEMA screening after arrival in Malaysia.