



CODE: CGW060 (IN)

NAME: NURDIANA

#### CANDIDATE STATUS

- ☒ First-timer  
☒ Ex-abroad

#### NATIONALITY

INDONESIA

#### DATE OF BIRTH

JAKARTA

#### AGE

37

#### RELIGION

ISLAM

#### MARITAL STATUS

MARRIED

#### HEIGHT

148CM

#### WEIGHT

56KG

#### EDUCATION

JUNIOR HIGH

#### PLACE OF ORIGIN

JAKARTA

#### CURRENT LOCATION

BREBES

## Family Information

#### Husband/Live-in Status

HUSBAND

#### Occupation

SMALL BUSINESS

#### No. of Siblings

5

#### Position in Family

5

#### No. of Children

2

#### Children's Ages

16 & 10 YEARS OLD

## Language Proficiency

|                 | None                                | Basic                               | Good                                | Fluent                   |
|-----------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| English         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Bahasa Malaysia | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mandarin        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Arabic          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

## Work Preference

RANK 1 TO 4 · 1 = MOST PREFERRED

|   |                                       |
|---|---------------------------------------|
| 1 | Housework + children care             |
| 3 | Housework + infants / toddlers care   |
| 2 | Housework + elderly / disability care |
| 2 | Housework + bedridden care            |

## Employment History

### EMPLOYMENT 1

☒ Local ☐ Overseas

Completed Contract? ☐ Yes ☒ No

#### COUNTRY

JAKARTA UTARA

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

2 STOREY TERRACE

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

01/2004 to 01/2006

#### NO. OF PEOPLE IN THE HOUSE

2 adults 1 children 1 maids

#### TOTAL DURATION

2 years months

#### IF CONTRACT NOT COMPLETED, WHY?

HER MOTHER PASSED AWAY

#### WORK CATEGORY

- ☒ Housework ☐ Newborn ☐ Elderly  
☒ Cooking ☒ Childcare ☐ Bedridden

#### MAIN DUTIES

CLEAN THE HOUSE, IRONING CLOTHES,  
COOKING, TAKING CARE OF THE KIDS,  
3 YEARS OLD

### EMPLOYMENT 2

☐ Local ☒ Overseas

Completed Contract? ☒ Yes ☐ No

#### COUNTRY

SINGAPORE

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

APARTMENT

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

01/2021 to 01/2023

#### NO. OF PEOPLE IN THE HOUSE

2 adults 2 children 1 maids

#### TOTAL DURATION

2 years months

#### IF CONTRACT NOT COMPLETED, WHY?

#### WORK CATEGORY

- ☒ Housework ☐ Newborn ☐ Elderly  
☒ Cooking ☐ Childcare ☐ Bedridden

#### MAIN DUTIES

COOKING, WASHING THE CLOTHES,  
CLEAN THE WHOLE HOUSE.

### 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

## EMPLOYMENT 4

☐ Local ☐ Overseas

Completed Contract? ☐ Yes ☐ No

COUNTRY

PERIOD (mm/yyyy to mm/yyyy)

 to 

TOTAL DURATION

 years  months

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

NO. OF PEOPLE IN THE HOUSE

 adults  children  maids

IF CONTRACT NOT COMPLETED, WHY?

WORK CATEGORY

☐ Housework ☐ Newborn ☐ Elderly  
☐ Cooking ☐ Childcare ☐ Bedridden

MAIN DUTIES

  
  


## EMPLOYMENT 5

☐ Local ☐ Overseas

Completed Contract? ☐ Yes ☐ No

COUNTRY

PERIOD (mm/yyyy to mm/yyyy)

 to 

TOTAL DURATION

 years  months

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

NO. OF PEOPLE IN THE HOUSE

 adults  children  maids

IF CONTRACT NOT COMPLETED, WHY?

WORK CATEGORY

☐ Housework ☐ Newborn ☐ Elderly  
☐ Cooking ☐ Childcare ☐ Bedridden

MAIN DUTIES

  
  


## Childcare Experience

TYPE / AGE GROUP

- ☒ Newborn (0–12 mths)  
☒ Toddler (1–3 yrs)  
☒ Preschool (3–6 yrs)  
☒ School-age (6–12 yrs)

DUTIES PERFORMED

- ☒ Sharing room with child  
☒ Bottle feeding  
☒ Spoon feeding  
☒ Milk preparation  
☒ Diaper changing  
☒ Bathing  
☒ Hair care/tying hair  
☒ School preparation  
☒ Dressing up  
☒ Homework guidance  
☒ Night care  
☒ Play /activities

## Elderly & Disability Care Experience

TYPE / AGE GROUP

- ☐ Elderly companionship  
☐ Limited mobility  
☐ Dementia  
☐ Disable

DUTIES PERFORMED

- ☐ Sharing room with elderly  
☐ Mobility assistance  
☐ Transfer assistance  
☐ Feeding assistance  
☐ Bathing  
☐ Dressing up  
☐ Medication reminders  
☐ Insulin injection  
☐ Meal preparation  
☐ Toileting help  
☐ Exercise/Walking  
☐ Bedridden care

## Cooking

Do you cook in your country?

☒ Yes ☐ No

Willing to cook for the members of your employer's household?

☒ Yes ☐ No

Willing to handle and cook pork?

☒ Yes ☐ No

How much do you like cooking?

☐ Very much ☒ Average ☐ Not much

What types of food can you cook?

- ☐ Filipino ☒ Chinese ☐ Western  
☒ Indonesian ☐ Arabic ☐ Malay  
☐ Indian ☐ Others: \_\_\_\_\_  
☐ None ☒ No pork ☐ No beef  
☐ Vegetarian ☐ Others: \_\_\_\_\_

Any dietary restrictions?

## Pet Care

Are you a pet lover?

☒ Yes ☐ No

Comfortable caring for cats?

☒ Yes ☐ No

Comfortable caring for dogs?

☒ Yes ☐ No

Any allergy to animal fur?

☐ Yes ☒ No

Pet tasks willing to do:

- ☒ Feeding ☒ Bathing / grooming  
☒ Walking ☒ Cleaning waste / litter box

Are you afraid of dogs?

☐ No ☐ Yes, all dogs ☒ Big dogs only

## Specific Work Willingness

| WILLINGNESS |                                         |                             | WILLINGNESS         |                                         |                                        | WILLINGNESS     |                                         |                             |
|-------------|-----------------------------------------|-----------------------------|---------------------|-----------------------------------------|----------------------------------------|-----------------|-----------------------------------------|-----------------------------|
| Cleaning    | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Newborn Care        | <input type="checkbox"/> Yes            | <input checked="" 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 | HUSBAND                                                             |  |
| Prepared to live away from your family for minimum 2 years?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | What will you do when you feel homesick?                            |  |
| Have you lived away from your family before?                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | I will call my family once a week.                                  |  |
| 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 |                                                                     |  |
| Comfortable adjusting religious activities to work schedule? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |                                                                     |  |

## Skills & Interests

SPECIAL SKILLS -

HOBBIES / INTERESTS SWIMMING

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



HOPEFULLY EMPLOYERS LIKE ME AND WOULD  
TO TAKE ME WORK WITH THEM. IM WILLING  
TO FINISH MY CONTRACT

## Agency's Remarks

FOR OFFICE USE · COMPLETED BY INTERVIEWER

## 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | HER FRIEND WORK IN JOHOR |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> |         | 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 type="checkbox"/> | <input checked="" type="checkbox"/> |         |
| 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? | 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 checked="" type="checkbox"/> Yes, used to | <input type="checkbox"/> Never            | Cavity                |

## Operations & Hospitalisation

☐ No, I have never had an operation / been hospitalised

☒ Yes, details below type of operation / reason · year · hospital & country · fully recovered? ongoing effects?

Czer operation 2016, fully healed

## Reproductive Health

|                          |                                   |                                       |                                           |                                                 |
|--------------------------|-----------------------------------|---------------------------------------|-------------------------------------------|-------------------------------------------------|
| Using any contraception? | <input type="checkbox"/> Yes, now | <input type="checkbox"/> Yes, used to | <input checked="" type="checkbox"/> Never | type; if implant / IUD, date inserted & due     |
| 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

☒ Applicant declares she is applying voluntarily (not forced, threatened or deceived)