# INNOVEDGE Group

*Maid For You, Made Easy*

Agensi Pekerjaan INNOVEDGE Sdn. Bhd. · Agensi Pekerjaan INTAN JAYA Sdn. Bhd. · Agensi Pekerjaan TC Resources Sdn. Bhd.




**CODE:** KTM190

**NAME:** MUTIARA ANINDYA PUTRI

**CANDIDATE STATUS**
- [x] First-timer
- [ ] Ex-abroad

| NATIONALITY | DATE OF BIRTH | AGE | RELIGION | MARITAL STATUS |
|---|---|---|---|---|
| INDONESIA | 18/08/2005 | 21 | MUSLIM | MARRIED |

| HEIGHT | WEIGHT | EDUCATION | PLACE OF ORIGIN | CURRENT LOCATION |
|---|---|---|---|---|
| 169CM | 57KG | JUNIOR HIGH | SUMEDANG | INDRAMAYU |

## Family Information

| Husband/Live-in Status | Occupation |
|---|---|
| HUSBAND | FACTORY WORKER |
| **No. of Siblings** | **Position in Family** |
| 1 | 2 |
| **No. of Children** | **Children's Ages** |
| 1 | 4 YEARS OLD |

## Language Proficiency

| | None | Basic | Good | Fluent |
|---|---|---|---|---|
| English | ☐ | ☑ | ☐ | ☐ |
| Bahasa Malaysia | ☐ | ☑ | ☐ | ☐ |
| Mandarin | ☐ | ☑ | ☐ | ☐ |
| Arabic | ☑ | ☐ | ☐ | ☐ |

## Work Preference

*RANK 1 TO 4 · 1 = MOST PREFERRED*

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

## Employment History

### EMPLOYMENT 1

☑ Local ☐ Overseas — Completed Contract? ☐ Yes ☐ No

**COUNTRY:** BANDUNG

**PERIOD (mm/yyyy to mm/yyyy):** 01/2023 to 02/2025

**TOTAL DURATION:** 2 years ____ months

**TYPE OF HOUSE** *(e.g. condo, terrace, bungalow)*: 1 STOREY TERRACE

**NO. OF PEOPLE IN THE HOUSE:** 2 adults 2 children 2 maids

**IF CONTRACT NOT COMPLETED, WHY?**

**WORK CATEGORY**
- ☑ Housework ☐ Newborn ☐ Elderly
- ☐ Cooking ☑ Childcare ☐ Bedridden

**MAIN DUTIES**
TAKE CARE 5 YEARS OLD TODDLER.
CLEANING THE HOUSE, COOKING.
IRONING AND WASHING CLTOHES.

### EMPLOYMENT 2

☐ 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 3

☐ 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 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 | What types of food can you cook? | ☐ Filipino ☐ Chinese ☐ Western ☑ Indonesian ☐ Arabic ☐ Malay ☐ Indian ☐ Others: |
| Willing to cook for the members of your employer's household? | ☑ Yes ☐ No | | |
| Willing to handle and cook pork? | ☑ Yes ☐ No | Any dietary restrictions? | ☐ None ☑ No pork ☐ No beef ☐ Vegetarian ☐ Others: |
| How much do you like cooking? | ☐ Very much ☑ Average ☐ Not much | | |

## Pet Care

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

## Specific Work Willingness

| | WILLINGNESS | | WILLINGNESS | | WILLINGNESS |
|---|---|---|---|---|---|
| Cleaning | ☑ Yes ☐ No | Newborn Care | ☑ Yes ☐ No | Elderly Care | ☑ Yes ☐ No |
| Laundry | ☑ Yes ☐ No | Infant/Toddler Care | ☑ Yes ☐ No | Bedridden Care | ☑ Yes ☐ No |
| Ironing | ☑ Yes ☐ No | Childcare | ☑ Yes ☐ No | Disability Care | ☑ Yes ☐ No |
| Cooking | ☑ Yes ☐ No | Special Child Care | ☑ Yes ☐ No | Dog Care | ☑ Yes ☐ No |
| Handwash | ☑ Yes ☐ No | Plant Watering | ☑ Yes ☐ No | Cat Care | ☑ Yes ☐ No |

## Day-Off & Cellphone Usage

*as per nationality guidelines

| | | | |
|---|---|---|---|
| Work on rest day for extra pay?* | ☑ Yes ☐ No | Follow employer's phone rules? | ☑ Yes ☐ No |
| Willing to stay home on rest day? | ☑ Yes ☐ No | Use phone after work hours only?* | ☑ Yes ☐ No |
| Respect employer's privacy? | ☑ Yes ☐ No | Use social media responsibly? | ☑ Yes ☐ No |

## Work & Personal Readiness

| | |
|---|---|
| Willing to complete the full 2-year contract? | ☑ Yes ☐ No |
| Does your family support your decision to work overseas? | ☑ Yes ☐ No |
| Prepared to live away from your family for minimum 2 years? | ☑ Yes ☐ No |
| Have you lived away from your family before? | ☑ Yes ☐ No |
| Comfortable working for a family of a different religion? | ☑ Yes ☐ No |
| Comfortable working with different religious practices? | ☑ Yes ☐ No |
| Comfortable adjusting religious activities to work schedule? | ☑ Yes ☐ No |

Who will care for your children while you are away? (if applicable)

FAMILY

What will you do when you feel homesick?

I WILL CALL WHEN I GOT MY PHONE

## Skills & Interests

SPECIAL SKILLS -

HOBBIES / INTERESTS -

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



I HOPE MY EMPLOYER ARE SOMEONE WHO IS KIND.

## 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? | ☐ | ☑ | |
| Anyone else you know currently in Malaysia? | ☐ | ☑ | |
| Has any relative of yours worked in Malaysia before? | ☐ | ☑ | |

## Medical History Declaration

HAVE YOU EVER HAD, OR DO YOU NOW HAVE:

| | Y | N | REMARKS | | Y | N | REMARKS |
|---|---|---|---|---|---|---|---|
| Short / long sightedness | ☐ | ☑ | | Tuberculosis (TB) | ☐ | ☑ | |
| High blood pressure | ☐ | ☑ | | Hepatitis | ☐ | ☑ | |
| Diabetes | ☐ | ☑ | | Skin disease / persistent rash | ☐ | ☑ | |
| Heart disease | ☐ | ☑ | | Back, joint or muscle problems | ☐ | ☑ | |
| Gastric | ☐ | ☑ | | Motion sickness / car sickness | ☐ | ☑ | |
| Thyroid | ☐ | ☑ | | Allergies (food, medicine, animals) | ☐ | ☑ | |
| Hemorrhoids | ☐ | ☑ | | Other illness / regular medication | ☐ | ☑ | |
| Asthma or breathing problems | ☐ | ☑ | | | | | |

## Lifestyle, Diet & Body Markings

| | | | |
|---|---|---|---|
| Do you smoke? | ☐ Yes, now | ☐ Yes, used to | ☑ Never |
| Do you vape? | ☐ Yes, now | ☐ Yes, used to | ☑ Never |
| Do you drink alcohol? | ☐ Yes, now | ☐ Yes, used to | ☑ Never |

Any tattoo? ☐ Y ☑ N *location / size / visible in short sleeves?*

Any food you cannot eat or handle? CANNOT EAT PORK

## Dental

| | | | | |
|---|---|---|---|---|
| Braces / retainer? | ☐ Yes, now | ☐ Yes, used to | ☑ Never | If yes, removal date: |
| Any dental issues? | ☐ Yes, now | ☐ Yes, used to | ☑ Never | |

## 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?*

## Reproductive Health

| | | | | |
|---|---|---|---|---|
| Using any contraception? | ☑ Yes, now | ☐ Yes, used to | ☐ Never | type; if implant / IUD, date inserted & due |
| Any menstrual problem? | ☐ Yes, now | ☐ Yes, used to | ☑ Never | heavy bleeding / severe pain / irregular cycles |

## Financial & Debt Declaration

| | Y | N | REMARKS |
|---|---|---|---|
| Any outstanding personal loans or debts? | ☐ | ☑ | |
| Any outstanding bank loans or debts? | ☐ | ☑ | |

## Declaration Status

VERIFIED AT INTERVIEW

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

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