

For offic use only

Application No CV-2017008218
 Job Requested DH
 Video Attached

CV House Maid



PERSONAL DETAILS

SALVATIERRA	KATHERINE	VINGUA	40	F	9758278611
Surname (family)	First Name (given)	Middle Name	Age	Sex	Mobile Phone No'
APR 3 1977	SANTIAGO ISABELA	RAMON ISABELA	160 CM	48 KG	
Date of Birth	Place of Birth:	Home Address:	Height	Weight	
FILIPINO	RENEWED		SINGLE PARENT	CATHOLIC	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

DANILO	66	NONE	CLARITA	60	HOUSEWIFE	N/A		
Father Name	Age	Occupation	Mother Name	Age	Occupation	Spouse Name	Age	Occupation
MAYESHA	9	F						
Child Name	Age	Sex	Child Name	Age	Sex	Child Name	Age	Sex
Who will take care on the children while you are working in Cyprus?						MY FAMILY		

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

<u>Employer - 1</u>				
Country	Job Title	Dates	Employer Name	Phone No'
MALAYSIA	DH	FEB 2015-FEB 2017		
Care of new-born up to 1 year old		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Care of children over 1 year old		Yes <input type="checkbox"/>	No <input type="checkbox"/>	How Many? <input type="checkbox"/> Age <input type="checkbox"/>
Care of disabled		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age <input type="checkbox"/> Sex <input type="checkbox"/>
Care of Old People		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Age 85 Sex F
Care of Pets		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Details <input type="text"/>
Duties 3 DH, 12 MEMBERS, 3 STOREY HOUSE, 7 BR, 7 WC. LOOK AFTER THE NEWBORN, ASSIST THE NEEDS OF THE ELDERLY, IF HAVE TIME HELP OTHER DH THE HOUSEHOLD CHORES, IRONING				

<u>Employer - 2</u>				
Country	Job Title	Dates	Employer Name	Phone No'
LEBANON	DH	DEC 2010-NOV 2011		
Care of new-born up to 1 year old		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Care of children over 1 year old		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	How Many? 2 Age 7 & 9
Care of disabled		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age <input type="checkbox"/> Sex <input type="checkbox"/>
Care of Old People		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age <input type="checkbox"/> Sex <input type="checkbox"/>
Care of Pets		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details <input type="text"/>
Duties 1 DH, 4 MEMBERS, 4 BR, 3 WC. DO ALL HOUSEHOLD CHORES, CLEANING, CARE THE CHILDREN, SPEND TIME WITH THEM AFTER SCHOOL, IRONING, CHANGE BEDDINGS. EARLY LEAVE DUE TO MOTHER WAS ILL				

OTHER EMPLOYMENT HISTORY

Country	Job Title	Dates	Employer Name	Duties
Country	Job Title	Dates	Employer Name	Duties
Country	Job Title	Dates	Employer Name	Duties

EDUCATIONAL BACKGROUND

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DAMON ELEM SCH	1984-1990	LA SALETTE HIGH SCH	1990-1994
Elementry School Name	Dates (YYYY-YYYY)	High School Name	Dates (YYYY-YYYY)
AMA COMPUTER COLLEGE	2006-2007	UNDERGRADUATE	PRACTICAL NURSING
College \ university name	Dates (YYYY-YYYY)	Graduate \ Under	Course Name
English: <input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	Other ? <input type="checkbox"/> Poor
			<input type="checkbox"/> Fair
			<input type="checkbox"/> Good
			Other ? <input type="checkbox"/> Poor
			<input type="checkbox"/> Fair
			<input type="checkbox"/> Good

PERSONAL QUESTIONS

Are you willing to accept the "NO-DAY-OFF" policy of your employer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Are you willing to accept and take your "DAY-OFFs" set by your employer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Are you prepared NOT to use the telephone or internet without permission or consent of your employer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Would you be able to follow the rules and regulations in the house set by your employer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Can you promise no visitor allowed without the consent of your employer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Do you smoke? (if yes, how many cigarettes a day? <input type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Do you drink alcoholic beverages? (if yes, light, moderate, or heavy? <input type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Have you experienced taking drugs? (if yes, please specify <input type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Are you under medication? (if yes, please specify <input type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Do you have disabilities/sickness? (if yes, please specify <input type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Have you suffered from serious illness? (if yes, please specify <input type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Any operations for the last year? (if yes, please specify <input type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Do you suffer from any form of allergy? (if yes, please specify <input type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Do you wear glasses while working? (if yes, please specify <input type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Are you afraid of dogs, cats or other pets? (if yes, please specify <input type="text"/>)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Would you be willing and/or able to handle taking care of pets?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Can you promise to dress properly and without make-up and perfume while working?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Can you promise to be good to your employer and or/ any member(s) of his family?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Can you swim?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Can you drive vehicle?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Do you promise NOT take any salary advances from your employer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Can you promise to keep your personal hygiene and take a bath before sleep?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Are you willing to eat Cypriot/ Western or any dishes same as your employer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Can you promise not to touch anything that is not yours, in your employer's house or another place	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/
Can you promise to report immediately and honestly something that you might have found?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	/

CAN YOU HANDLE THE FOLLOWING? (PLEASE TICK YOUR ANSWERS BELOW)

ELECTRICAL HOME APPLIANCES				HOUSEHOLD CHORES				BABY / PEDIATRIC CARE			
Washing Machine	Yes	/	No	Cleaning	Yes	/	No	Bathing	Yes	/	No
Rice Cooker	Yes	/	No	Washing	Yes	/	No	Dressing	Yes	/	No
Dish Drainer	Yes	/	No	Ironing	Yes	/	No	Diapers	Yes	/	No
Vacuum Cleaner	Yes	/	No	Cooking	Yes	/	No	Feeding	Yes	/	No
Floor Polisher	Yes	/	No	Gardening	Yes	/	No	Nurturing	Yes	/	No
Microwave Oven	Yes	/	No	Car Washing	Yes	/	No	Bedtime	Yes	/	No
Oven toaster	Yes	/	No	Marketing	Yes	/	No	Baby Massage	Yes	/	No
Electric Iron	Yes	/	No	Mopping floor	Yes	/	No	Sterilize Bottle	Yes	/	No
BEDRIDDEN CASES CARE				GERIATRIC \ INVALID CARE				CHILD/INFANT CARE			
Bed Bath	Yes	/	No	Bathing	Yes	/	No	Bathing	Yes	/	No
Check Sugar	Yes	/	No	Dressing	Yes	/	No	Dressing	Yes	/	No
Diapers	Yes	/	No	Diapers	Yes	/	No	Diapers	Yes	/	No
Tube Feeding	Yes	/	No	Oral Feeding	Yes	/	No	Oral Feeding	Yes	/	No
Gastric Tube (NGT)	Yes	/	No	Nurturing	Yes	/	No	Nurturing	Yes	/	No
Body Massaging	Yes	/	No	Baby Massage	Yes	/	No	Bedtime	Yes	/	No
Carry to wheel chair	Yes	/	No	Take for walk	Yes	/	No	Take for walk	Yes	/	No
Take Blood Pressure	Yes	/	No	Blood Pressure	Yes	/	No	Tutoring	Yes	/	No

ADDITIONAL PERSONAL QUESTIONS (please answer them with all honesty)

Why do you want to work abroad?
I NEED TO WORK FOR MY DAUGHTER AND FAMILY

In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?
SHOULD BE HARDWORKING, HONEST, TRUSTWORTHY KNOWS TO FOLLOW RULES & REGULATIONS, FLEXIBLE

What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?
SPAGHETTI PASTA, SPRING ROLL BUT WILLING TO LEARN

Do you have any friends / relatives in Cyprus? If yes, please give some details about them:
NO I DONT HAVE

Please write a nice personal note below for your prospective employer to read about you:
TO MY EMPLOYER HOPE TO SEE YOU SOON. I AM HARDWORKING, AND I LL PROMISE TO FINISH MY CONTRACT AND FOLLOW THE RULES & REGULATIONS IN YOUR HOUSE

DECLARATION

I hereby affirm that all information above were true, and that:

*I shall undergo the required medical & trade test exams at my own expense;

*The act of filing of such application & the required travel documents I submitted does not assure an immediate employment but a mere application for overseas employment;

*Upon acceptance by the employer I shall pay the required processing fee;

*If I withdraw my application, I shall pay a withdrawal fee to cover any and all administrative costs, paper works & time consumed;

*In three months after my employment, I shall not hold the respective recruitment agencies liable for any violation of my contract of employment;

*In any mis-declaration or misinterpretation I may have written/stated herein can become a just cause for my immediate dismissal in my employment in the future.

I ALSO HEREBY ATTEST THAT I am aware of the offered salary for the above position as stated above, and that I voluntarily, and on my own volition, will accept the said salary should I be hired.

JULY 13 2017	KATHERINE SALVATIERRA
Date Applied	Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:
Cyprus Agent:
Other:



Full Body Photo