

<b>For office use only</b>	
Application No	CV-2017005841
Job Requested	DH
Video Attached	

# CV House Maid



**PERSONAL DETAILS**

LAGNASON	VIOLETA	PAJARILLA	46	F	9283437511
<b>Surname (family)</b>	<b>First Name (given)</b>	<b>Middle Name</b>	<b>Age</b>	<b>Sex</b>	<b>Mobile Phone No'</b>
AUG 11 1970	GIPORLOS ESTERN SAMAR	CALOOCAN CITY	155 CM	63 KG	
<b>Date of Birth</b>	<b>Place of Birth:</b>	<b>Home Address:</b>	<b>Height</b>	<b>Weight</b>	
FILIPINO	EC4795583	MAR 8 2020	SEPARATED	CATHOLIC	
<b>Nationality</b>	<b>Passport No</b>	<b>Expiry Date</b>	<b>Marital Status</b>	<b>Religion</b>	

**FAMILY**

ALIJO		FARMER	ENGRACIA		HOUSE WIFE	N/A		
<b>Father Name</b>	<b>Age</b>	<b>Occupation</b>	<b>Mother Name</b>	<b>Age</b>	<b>Occupation</b>	<b>Spouse Name</b>	<b>Age</b>	<b>Occupation</b>
XANDRA MAE	22	F	JUDDY	16	M		1	
<b>Child Name</b>	<b>Age</b>	<b>Sex</b>	<b>Child Name</b>	<b>Age</b>	<b>Sex</b>	<b>Child Name</b>	<b>Age</b>	<b>Sex</b>
<b>Who will take care on the children while you are working in Cyprus?</b>						CAN MANAGE THEMSELVES		

**RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)**

<u>Employer - 1</u>				
KSA	DH/CLEANER	SEP 2009-NOV 2015	Employer Name	Phone No'
Country	Job Title	Dates		
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 type="checkbox"/>	No <input type="checkbox"/>	How Many? <input type="text"/>	Age <input type="text"/>
Care of disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age <input type="text"/>	Sex <input type="text"/>
Care of Old People	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age <input type="text"/>	Sex <input type="text"/>
Care of Pets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details <input type="text"/>	
Duties	ASSIGNED TO CLEAN THE UNIVERSITY OR HOSPITAL. CLEAN THE HALLWAYS, COMFORT ROOMS, OFFICES, CHANGE BEDDINGS, HOOVERING, MOPPING, EMPTY/CLEAN THE DUSTBINS & OTHERS			

<u>Employer - 2</u>				
			Employer Name	Phone No'
Country	Job Title	Dates		
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 type="checkbox"/>	No <input type="checkbox"/>	How Many? <input type="text"/>	Age <input type="text"/>
Care of disabled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age <input type="text"/>	Sex <input type="text"/>
Care of Old People	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age <input type="text"/>	Sex <input type="text"/>
Care of Pets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details <input type="text"/>	
Duties	<input type="text"/>			

**OTHER EMPLOYMENT HISTORY**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>	<b>Job Title</b>	<b>Dates</b>	<b>Employer Name</b>	<b>Duties</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>	<b>Job Title</b>	<b>Dates</b>	<b>Employer Name</b>	<b>Duties</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country</b>	<b>Job Title</b>	<b>Dates</b>	<b>Employer Name</b>	<b>Duties</b>

**EDUCATIONAL BACKGROUND**

<input type="text"/>
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PARDO ELEM		1977-1983		GIPORLES NAT'L HIGH SCH		1984-1988	
Elementry School Name		Dates (YYYY-YYYY)		High School Name		Dates (YYYY-YYYY)	
				BS TURISM			
College \ university name		Dates (YYYY-YYYY)		Graduate \ Under		Course Name	
English:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor	Fair	Good		Poor	Fair	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)**

<b>ELECTRICAL HOME APPLIANCES</b>				<b>HOUSEHOLD CHORES</b>				<b>BABY / PEDIATRIC CARE</b>			
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
<b>BEDRIDDEN CASES CARE</b>				<b>GERIATRIC \ INVALID CARE</b>				<b>CHILD/INFANT CARE</b>			
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?**  
TO EARN MONEY FOR MY FUTURE

**In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?**  
TO BUILD A GOOD RELATIONSHIP WITH THE EMPLOYER. BEING RESPONSIBLE, HONEST, TRUSTWORTHY & HAVE PATIENCE

**What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?**  
SOME PASTA SPAGHETTI, VEGETABLE SALAD BUT WILLING TO LEARN MORE

**Do you have any friends / relatives in Cyprus? If yes, please give some details about them:**  
NONE

**Please write a nice personal note below for your prospective employer to read about you:**  
DEAR SIR/ MADAM: IF GIVEN A CHANCE TO WORK WITH YOU I LL PROMISE TO FINISH MY CONTRACT, LOVE YOUR FAMILY LIKE MY OWN. I WILL BE RESPONSIBLE, LOYAL, HONEST & TRUSTWORTHY AND WILL WORK WITH LOVE & PASSION, THANK YOU.

**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.

MAY 29 2017	VIOLETA LAGNASON
Date Applied	Signature of the Applicant

**INTERVIEWER'S REMARKS:**

Foreign Agent:
Cyprus Agent:
Other:



Full Body Photo