

For office use only	
Application No	
Job Requested	DH
Video Attached	

CV House Maid



PERSONAL DETAILS

CALLOS	MARJORIE	FONTANILLA	36	F	09089534549
Surname (family)	First Names (given)	Middle Name	Age	Sex	Mobile Phone No'
NOVEMBER 12 1980	SAN JOSE OCC.MINDORO	SAN JOSE OCC.MINDORO	155 CM	54 KG	
Date of Birth	Place of Birth:	Home Address:	Height	Weight	
FILIPINO	EC4740512	JULY 23 2020	SINGLE PARENT	CATHOLIC	
Nationality	Passport No	Expiry Date	Marital Status	Religion	

FAMILY

FLORIAN	63	OWN BUSINESS	NEONITA	61	HOUSEWIFE			
Father Name	Age	Occupation	Mother Name	Age	Occupation	Spouse Name	Age	Occupation
PRECIOUS	6	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 PARENTS WILL TAKE CARE OF MY CHILD		

RELEVANT DOMESTIC HELPER EMPLOYMENT HISTORY (Latest First)

Employer - 1				
QATAR	CLEANER	NOV 2009-JAN 2010	BADIR HAMAD ALSUBAIE	
Country	Job Title	Dates	Employer Name	Phone No'
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 IN OFFICE 19 TO 27 FLOOR, TO CLEAN ALL THE TOILET.			

Employer - 2				
QATAR	DH	OCT 2014-MAY 2016		
Country	Job Title	Dates	Employer Name	Phone No'
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? <input type="text" value="1"/>	Age <input type="text" value="10 YRS OLD"/>
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	1 DH,3 MEMBERS,3 BR,3 WC, IRONING,TO CLEAN THE HOUSE AND WASH THE CLOTHES,SOMETIMES COOKING.			

OTHER EMPLOYMENT HISTORY

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

EDUCATIONAL BACKGROUND

<input type="text"/>

SAN PILOT ELEM. SCHOOL		1987-1993		DIVINE WORD COLLEGE		1994-1998	
Elementry School Name		Dates (YYYY-YYYY)		High School Name		Dates (YYYY-YYYY)	
DIVINE WORD COLLEGE		1998-2002		GRADUATE		BACHELOR OF ELEM EDUCATION	
College \ university name		Dates (YYYY-YYYY)		Graduate \ Under		Corse 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"/> caesarian)	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 WANT TO HELP MY PARENTS AND TO SECURE THE FUTURE OF MY CHILD.

In your opinion, what are the real qualities of house maid (or caregivers / caretakers)?
TO BE GOOD IN JOB THAT EMPLOYERS GIVE.

What foreign dishes can you cook (Chinese, Japanese, Italian, Western, Others)?
FILIPINO DISH AND QATAR FOOD.

Do you have any friends / relatives in Cyprus? If yes, please give some details about them:
YES.

Please write a nice personal note below for your prospective employer to read about you:
HAVE A GOOD DAY SIR/MADAM I WILL BE A GOOD EMPLOYEE, IM HONEST, PATIENT AND TO BE GOOD SERVANT IN YOUR FAMILY CIRCLE AND TO FINISH MY CONTRACT. THANK YOU AND GOD BLESSED.

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.

OCTOBER 02 2017

Date Applied

MARJORIE F. CALLOS

Signature of the Applicant

INTERVIEWER'S REMARKS:

Foreign Agent:

Cyprus Agent:

Other:



Full Body Photo