



**ATHENNA** INT'L MANPOWER SERVICES INC.  
( MANILA OFFICE)

**POEA-216-LB-112216-R**

G/F 1425, Union st. cor San Antonio Paco, Manila

Tel. Nos.: (632) 525-9225 / 525-7350 Telefax: (632) 525-8175

email-address: athenna\_branch@yahoo.com

Ref. No. **NB0496**

**FIRST TIMER**

RELEASED PASSPORT ON SEPTEMBER 2, 2022

**APPLICANT'S QUALIFICATION HIGHLIGHTS**

Name : **MARIA VANESSA A. DONES**

Race : **FILIPINO** Religion: **LDS**

Health \_\_\_\_\_

Age : **32** **May 31, 1990**

Height : **152,4** Weight : **56 KG**

Educational : **HIGH SCHOOL GRADUATE**

Attainment \_\_\_\_\_



**INTERVIEW APPRAISAL**

	POOR	FAIR	GOOD	EXCELLENT
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Facial Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Household works	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care of Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care of young children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of elderly/disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Experience in working as a house maid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken Cantonese	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken Mandarin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken Teachew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Languages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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ADDRESS: <u>BLOCK 2 STA MARIA ST. GTDL VALENZUELA CITY</u>	TEL: <u>+639559403801-WHATSSAP NUMBER</u>
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**PLEASE ANSWER IN CHRONOLOGICAL ORDER FROM 1-10**

1	COOKING	10	CARE OF BABIES	2	WASHING	3	IRONING	8	CARE OF YOUNG CHILDREN	6	CARE OF ELDERLY
7	CARE OF DISABLED	4	CLEANING	9	TUTORING OF CHILDREN	5	CARE OF PETS				

**SPECIAL ABILITIES**

1. cooking                      2. washing                      3. ironing

**PREVIOUS EMPLOYMENT**

1. NAME OF EMPLOYER	FROM - TO	SALARY	POSITION
<b>HANDA MFG. CORP</b>	<b>2008-2009</b>	<b>PHP 9000</b>	<b>FACTORY WORKER</b>
LOCATION OF EMPLOYER	DESCRIPTION OF JOB	TEL. NO.	REASON TO LEAVE
2. NAME OF EMPLOYER	FROM - TO	SALARY	POSITION
LOCATION OF EMPLOYER	DESCRIPTION OF JOB	TEL. NO.	REASON TO LEAVE
3. NAME OF EMPLOYER	FROM - TO	SALARY	POSITION
LOCATION OF EMPLOYER	DESCRIPTION OF JOB	TEL. NO.	REASON TO LEAVE
4. NAME OF EMPLOYER	FROM - TO	SALARY	POSITION
LOCATION OF EMPLOYER	DESCRIPTION OF JOB	TEL. NO.	REASON TO LEAVE

SINGLE     MARRIED     DIVORCED     SEPARATED     WIDOW

NAME OF SPOUSE <b>JOSEPH DONES</b>	AGES <b>48</b>	OCCUPATION <b>FARMER</b>	NO OF SONS <b>1</b>	AGES <b>10</b>	NO OF DAUGHTERS <b>1</b>	AGES <b>6</b>
NAME OF FATHER <b>CARLOS ALOTA</b>	AGES	OCCUPATION	NAME OF MOTHER <b>DECEASED</b>		AGES	OCCUPATION
NO OF BROTHER(S) <b>2</b>	AGES	NO OF SISTER(S) <b>3</b>	AGES	I AM THE __3ND__ IN THE FAMILY		

**EDUCATIONAL BACKGROUND**

FINAL EDUCATION	NAME OF INSTITUTE	LOCATION	FROM - TO
<b>HIGH SCHOOL GRADUATE</b>	<b>GEN. T DELEON NATIONAL HIGH SCHOOL</b>	<b>GEN.T DELEON VALENZUELA CITY</b>	<b>2002-2006</b>
SPECIAL COURSES	NAME OF INSTITUTE	LOCATION	FROM - TO
1. _____			
2. _____			
3. _____			

All statements made by me in this application are true and correct, any false information given herein can be considered sufficient cause of termination with no warning.

DATE OF APPLICATION: <b>August 18, 2022</b>	APPLICANT'S SIGNATURE <b>MARIA VANESSA DONES</b>	APPLICATION TAKEN BY:
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**REMARK:**

### ANSWER SHEET

Please answer by **YES** or **NO** below to show which of the following duties you are willing to undertake and which you have had experience at

	<u>WILLING</u>	<u>EXPERIENCED</u>
1. Care of Babies aged 0-3 months	YES	YES
2. Care of Babies aged 3-12 months	YES	YES
3. Change nappies	YES	YES
4. Feed baby	YES	YES
5. Care of Children aged 1-5 years	YES	YES
6. Care of Children aged 5-10 years	YES	YES
7. Care of Children over 10 years	YES	YES
8. General Housework	YES	YES
9. Operate Washing Machine	YES	YES
10. Operate carpet cleaner	YES	YES
11. Operate drier	YES	YES
12. Do personal laundry by hand	YES	YES
13. Sewing <b>BY HAND</b>	YES	YES
14. Ironing	YES	YES
15. Do plain cooking	YES	YES
16. Look after semi-invalid person	YES	NO
17. Look after invalid person	YES	NO
18. Look after elderly person	NO	YES
19. Play with children	YES	YES
20. Drive private vehicle	NO	NO

Have you worked abroad before?: \_\_\_\_\_ if so, where? \_\_\_\_\_

Name of employer?: \_\_\_\_\_

Reason for Leaving?: \_\_\_\_\_

Do you have any complain to other agency in past? **NO** \_\_\_\_\_

Do you have any repeat issue before? **NO** \_\_\_\_\_

Please state in few sentences why you want to work abroad:

**TO SAVE MONEY FOUR FUTURE**

If you will work in abroad (Malaysia) and you feel home sickness what would you do?

**TALK TO MY FAMILY**

1. Are you prepared to eat Chinese food only?  Yes  No
2. Are you prepared to eat Western food only?  Yes  No
3. Are you prepared to work for Chinese family?  Yes  No
4. Are you prepared to work for a Western family?  Yes  No
5. Are you prepared to use the telephone only with employer's permission?  Yes  No
6. Are you prepared to take your day off set by your employer?  Yes  No
7. Are you prepared to give up some of your day off to earn more in addition to you basic salary  Yes  No
8. On you day off, are you prepared to finish the morning chores before going out?  Yes  No
9. Are you prepared to return home not later than 7:00 P.M. during you day off?  Yes  No
10. Can you promise not to ask salary advance from your employer no matter what the circumstances may be?  Yes  No
11. Are you prepared to follow the code of discipline drawn up by your agency?  Yes  No
12. Are you prepared to shoulder your own return airfare if you do not finish your 2 years contract?  Yes  No
13. Are you ready to follow your employer if they emigrate to other country?  Yes  No
14. Can you promise not to invite your friends to your employer's residence without his/her consent?  Yes  No
15. Can you promise not to use make-up while at work?  Yes  No
16. If only member of your family becomes seriously ill, would you want to go home at your own expense?  Yes  No
17. If any immediate member of your family should die while abroad would you like to go home at your expenses?  Yes  No
18. Are you ready to extend your contract after 2 years?  Yes  No
19. Do you smoke?  Yes  No
20. Do you drink alcohol?  Yes  No
21. Are you afraid of dogs? Other pets?  Yes  No
22. Are you afraid of being left alone in the house at night?  Yes  No
23. Do you have any physical defect?  Yes  No
24. Do you suffer from any allergy? If so, what?  Yes  No
25. Have you suffered from any serious illness before?  Yes  No
26. Have you undergone any operation over the lasr 12 months? Cesarian Section  Yes  No
27. Do you suffer from any skin diseased?  Yes  No
28. Must you attend church weekly?  Yes  No

**DECLARATION:** I hereby confirm that the information and answer given on this application are true and accurate to the best of my knowledge and belief, and realize that any falsification or misrepresentation of this may result in my being repatriated to the place of my origin at my own expense. I further declare that I fully understood at the details given by the agency about employment abroad, contents of working contract, including terms and conditions offered by prospective employer.