

Ref. No. **NB0466**

**FIRST TIMER**

**READY PASSPORT-TILL YEAR APRIL 2032**

**APPLICANT'S QUALIFICATION HIGHLIGHTS**

Name : **RAQUELYN P. ORFELA**

Race : **FILIPINO** Religion: **CATHOLIC**

Health \_\_\_\_\_

Age : **33** **March 27, 1989**

Height : **152,4** Weight : **49 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care of elderly/disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spoken English	<input type="checkbox"/>	<input checked="" 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDRESS: <u>LOPEZ QUEZON BRGY DINAHIAN A.</u>	TEL: <u>+639073686171-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 <b>EMPERADOR</b>	FROM - TO <b>2016-2017</b>	SALARY <b>PHP 14,000.00</b>	POSITION <b>QUALITY ASST.</b>
LOCATION OF EMPLOYER <b>STA ROSA LAGUNA</b>	DESCRIPTION OF JOB	TEL. NO.	REASON TO LEAVE
2. NAME OF EMPLOYER <b>BANDAI</b>	FROM - TO <b>2020-2022</b>	SALARY <b>PHP 15000</b>	POSITION <b>OPERATOR</b>
LOCATION OF EMPLOYER <b>BATANGAS</b>	DESCRIPTION OF JOB	TEL. NO.	REASON TO LEAVE <b>RESIGN</b>
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	AGES	OCCUPATION	NO OF SONS	AGES	NO OF DAUGHTERS <b>2</b>	AGES <b>16/13</b>
NAME OF FATHER	AGES <b>61</b>	OCCUPATION <b>FARMER</b>	NAME OF MOTHER <b>RAQUEL ORFELA</b>		AGES <b>63</b>	OCCUPATION <b>HOUSEWIFE</b>
NO OF BROTHER(S)	AGES	NO OF SISTER(S) <b>6</b>	AGES	I AM THE <u>  5TH  </u> IN THE FAMILY		

**EDUCATIONAL BACKGROUND**

FINAL EDUCATION <b>High School Graduate</b>	NAME OF INSTITUTE <b>COGURIN IBABA NATIONAL HIGH SCHOOL</b>	LOCATION <b>LOPEZ QUEZON</b>	FROM - TO <b>2002-2005</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>July 26 ,2022</b>	APPLICANT'S SIGNATURE <b>RAQUELYN P. ORFELA</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	<u>YES</u>	<u>YES</u>
2. Care of Babies aged 3-12 months	<u>YES</u>	<u>YES</u>
3. Change nappies	<u>YES</u>	<u>YES</u>
4. Feed baby	<u>YES</u>	<u>YES</u>
5. Care of Children aged 1-5 years	<u>YES</u>	<u>YES</u>
6. Care of Children aged 5-10 years	<u>YES</u>	<u>YES</u>
7. Care of Children over 10 years	<u>YES</u>	<u>YES</u>
8. General Housework	<u>YES</u>	<u>YES</u>
9. Operate Washing Machine	<u>YES</u>	<u>YES</u>
10. Operate carpet cleaner	<u>YES</u>	<u>YES</u>
11. Operate drier	<u>YES</u>	<u>YES</u>
12. Do personal laundry by hand	<u>YES</u>	<u>YES</u>
13. Sewing <b>BY HAND</b>	<u>YES</u>	<u>YES</u>
14. Ironing	<u>YES</u>	<u>YES</u>
15. Do plain cooking	<u>YES</u>	<u>yes</u>
16. Look after semi-invalid person	<u>NO</u>	<u>NO</u>
17. Look after invalid person	<u>NO</u>	<u>NO</u>
18. Look after elderly person	<u>yes</u>	<u>NO</u>
19. Play with children	<u>YES</u>	<u>YES</u>
20. Drive private vehicle	<u>NO</u>	<u>NO</u>

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:  
I WANT TO EARN MONEY FO R MY CHILDREN'S FUTURE

If you will work in abroad (Malaysia) and you feel home sickness what would you do?  
FOCUS ON MY WORK TO AVOID HOMESICK

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

**BIG DOGS**

**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.