

Ref. No. **NB0500**

First Timer

RELEASED PASSPORT ON AUGUST 2032

APPLICANT'S QUALIFICATION HIGHLIGHTS

Name : **MYLENE A. GONZAGA**

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

Health _____

Age : **36** **SEPT. 14, 1985**

Height : **157.4** Weight : **52 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Spoken English	<input checked="" 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 _____

ADDRESS: BLK 3 LOT 23 WESTPLAIN PHASE 2 BRGY DE OCAMPO TRECE MARTIREZ CAVITE CITY	TEL: +639559354755-WHATSSAP NUMBER
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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
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 DANNY BOY GONZAGA	AGES 48	OCCUPATION CONSTRUCTION WORKER	NO OF SONS 4	AGES 19/17/05/02	NO OF DAUGHTERS 2	AGES 15/09
NAME OF FATHER REMELITO ANTIVO	AGES 60	OCCUPATION NONE	NAME OF MOTHER JOCELYN NARAG		AGES 56	OCCUPATION GENERAL SERVICES ASS.
NO OF BROTHER(S) 1	AGES 35	NO OF SISTER(S) 5	AGES	I AM THE __ ELDEST __ IN THE FAMILY		

EDUCATIONAL BACKGROUND

FINAL EDUCATION HIGH SCHOOL GRADUATE	NAME OF INSTITUTE BINAKAYAN NATIONAL HIGH SCHOOL	LOCATION KAWIT CAVITE	FROM - TO
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: August 30, 2022	APPLICANT'S SIGNATURE MYLENE A. GONZAGA	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 BY HAND	YES	YES
14. Ironing	NO	YES
15. Do plain cooking	YES	YES
16. Look after semi-invalid person	YES	YES
17. Look after invalid person	NO	NO
18. Look after elderly person	YES	NO
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:

FOR THE FUTURE OF MY FAMILY

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

IF MY WORK ID DONE I WILL CALL MY FAMILY TRU VIDEO CALL

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.

