

Foreign Domestic Helper

Code 編號 ML01211620

Applicants Information Sheet 申請人資料

Name 姓名		Age 年齡	36	SNAKE CANCER	蛇 巨蟹座
Nationality 國籍	FILIPINO	Date of Birth 出生日期	1989		
Gender 性別	F	Marital Status 婚姻狀況	MARRIED		
Education 學歷	SENIOR HIGH	Height 身高	160	CM	
Religion 宗教	CHRISTIAN	Weight 體重	59	KG	
In the Family No. 在家排行	5	Son / Age 兒子數目/年齡	2 / 13 4		
Brother / Sister 兄弟姊妹	1 / 3	Daughter / Age 女兒數目/年齡	2 / 15 11		
Address 地址					

Working Experience 工作經驗

Care of Babies	照顧嬰兒	
Care of Toddler	照顧幼兒 (1-3)	✓
Care of Children	照顧小孩 (4-12)	✓
Care of Elderly	照顧長者	
Care of Disabled	照顧殘疾人士	
Care of Bedridden	照顧臥床人士	
Care of Pets	照顧寵物	
Household Works	家務	✓
Car Washing	洗車	
Gardening	打理花園	
Cooking	烹飪	✓
Driving	駕駛	

Overseas Experience 海外工作經驗

Hong Kong	香港	
Singapore	新加坡	
Taiwan	台灣	
Malaysia	馬來西亞	
Middle East	中東	
Macau	澳門	
Other	其他	
Home Country	原住地	4

Language Skills 語言能力

	Learning 學習中	Fair 平	Good 好
國語 Mandarin	—✓—	—	—
廣東話 Cantonese	—✓—	—	—
英語 English	—	—	—✓—



Remark 備註

SHE WORK AS LOCAL HOUSEMAID IN PHILIPPINES FOR 4 YEARS, HER DUTIES AND RESPONSIBILITIES AS HOUSEMAID WAS TAKING CARE OF THE 3 YEARS OLD CHILD, AT THE SAME TIME SHE DO ALL AROUND HOUSEHOLD CHORES SUCH AS CLEANING THE HOUSE WASHING AND IRONING CLOTHES GARDENING MARKETING AND WASHING DISHES, SHE IS HONEST AND HARD WORKING KIND HOUSEMAID SHE IS WILLING TO FINISH HER CONTRACT AND FOLLOW THE

Previous Duties 過往工作 1			
Country 工作地點	PHILIPPINES	Salary 工資	
Duration 工作期間	JULY 2011 to JULY 2013	No. to Serve 總服務人數	3
Reason to Leave 離職原因 FINISH CONTRACT			

<input type="checkbox"/>	Care of Babies 照顧嬰兒	Mths 月	<input checked="" type="checkbox"/>	Care of Toddler 照顧幼兒 (1-3)	2	Yrs 歲
<input type="checkbox"/>	Care of Children 照顧小孩 (4-12)	Yrs 歲	<input type="checkbox"/>	Care of Elderly 照顧長者		Yrs 歲
<input type="checkbox"/>	Care of Disabled 照顧殘疾人士	Yrs 歲	<input type="checkbox"/>	Care of Bedridden 照顧卧床人士		
<input type="checkbox"/>	Care of Pets 照顧寵物		<input checked="" type="checkbox"/>	Household Works 家務		
<input type="checkbox"/>	Car Washing 洗車		<input type="checkbox"/>	Gardening 打理花園		
<input checked="" type="checkbox"/>	Cooking 烹飪		<input type="checkbox"/>	Driving 駕駛		

Previous Duties 過往工作 2			
Country 工作地點	PHILIPPINES	Salary 工資	
Duration 工作期間	AUG 2023 to AUG 2025	No. to Serve 總服務人數	2
Reason to Leave 離職原因 FINISH CONTRACT			

<input type="checkbox"/>	Care of Babies 照顧嬰兒	Mths 月	<input type="checkbox"/>	Care of Toddler 照顧幼兒 (1-3)		Yrs 歲
<input type="checkbox"/>	Care of Children 照顧小孩 (4-12)	Yrs 歲	<input type="checkbox"/>	Care of Elderly 照顧長者		Yrs 歲
<input type="checkbox"/>	Care of Disabled 照顧殘疾人士	Yrs 歲	<input type="checkbox"/>	Care of Bedridden 照顧卧床人士		
<input type="checkbox"/>	Care of Pets 照顧寵物		<input checked="" type="checkbox"/>	Household Works 家務		
<input type="checkbox"/>	Car Washing 洗車		<input checked="" type="checkbox"/>	Gardening 打理花園		
<input checked="" type="checkbox"/>	Cooking 烹飪		<input type="checkbox"/>	Driving 駕駛		

Previous Duties 過往工作 3			
Country 工作地點		Salary 工資	
Duration 工作期間	to	No. to Serve 總服務人數	
Reason to Leave 離職原因			

<input type="checkbox"/>	Care of Babies 照顧嬰兒	Mths 月	<input type="checkbox"/>	Care of Toddler 照顧幼兒 (1-3)		Yrs 歲
<input type="checkbox"/>	Care of Children 照顧小孩 (4-12)	Yrs 歲	<input type="checkbox"/>	Care of Elderly 照顧長者		Yrs 歲
<input type="checkbox"/>	Care of Disabled 照顧殘疾人士	Yrs 歲	<input type="checkbox"/>	Care of Bedridden 照顧卧床人士		
<input type="checkbox"/>	Care of Pets 照顧寵物		<input type="checkbox"/>	Household Works 家務		
<input type="checkbox"/>	Car Washing 洗車		<input type="checkbox"/>	Gardening 打理花園		
<input type="checkbox"/>	Cooking 烹飪		<input type="checkbox"/>	Driving 駕駛		

Other Question 其他問題			Yes 是	No 否
1.	Do you eat pork? 你會否食豬肉?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Accept Day-off not on Sunday? 接受假日不在星期日?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Sharing a room with babies / children / elder? 你願意和小孩/嬰兒/長者同房嗎?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Are you afraid of dog or cat? 你會害怕狗或貓?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Do you smoke? 你會抽煙嗎?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Do you drink alcohol? 你會喝酒嗎?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Have you any prolonged illnesses / undergone surgery? 你有任何長期的疾病/做過手術嗎?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes 如有:				

Declaration by Applicant

I agree and will be responsible for any publication of above information. I hereby confirm that all information and answer give to me is to the best of my knowledge.
 "The applicant gives all information with No responsibility holding by our company." "以上資料由申請者提供，任何法律責任與本公司無關。"