



PT. RAJASA INTAMA 全隆人才國限仲介公司(印尼)

Indonesia Legal Manpower Supplier & Training Center

電話/TEL : (6221) 29827096 傳真/FAX : 29827098

地址/ADD : JL. Jatinegara Timur No.107F Balimester, Jakarta Timur

Name : MELINDA

Nationality : INDONESIAN

Health : FIT

Age : 37 Y.O

Height: : 155 Cm

Weight : 57 Kg

Education : JUNIOR HIGH SCHOOL

Complexion : LIGHT BROWN

Marital Status: : WIDOWS

No of Children : -

Age of Children : -

CH 9836



INTERVIEW APPRAISAL

	Poor	Fair	Good
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Household Chores	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nursing Infants	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Care Children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Care Elderly Person	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Care Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Working Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Spoken Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Spoken cantonese	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



COMMENTS:

- 7Y (2012 Y - 2020 Y) IN TAIWAN
WORK: CLEANING THE HOUSE, SWEEPING-MOPPING, WASHING-IRONING, DAILY MARKETING &HELP COOKING, TAKE CARE OF YOUNG SISTER (25Y.O) IDIOT, BATHING, FEEDING, BETWEEN WALKS, PREPARING MEDICINE

This maid plus point : active, honest, obedient.

PERSONAL DATA

Name : **MELINDA** Date of birth : **18/03/1987**
Age : **37 Y.O** Place of birth : **INDRAMAYU**
Sex : **FEMALE** Height : **155 Cm**
Religion : **MOSLEM** Weight : **57 Kg**
Current Address : **INDRAMAYU – WEST JAVA**

Marital Status : Single Married Divorced Widowed
Name of Father : **PASSAWAY** Age : **Y.O** Occupation : -
Name of Mother : **DARIYAH** Age : **54 Y.O** Occupation : **HOUSEWIFE**
No.of brother/sister : **3** Your order in family : **1**
Name of spouse : - Age : Occupation :
No. of children : - Sons : Daughters :

1. Have you ever been treated for any mental disorders? Yes No
2. Have you suffered from any serious/prolonged illness? Yes No
3. Have you ever had a major surgery? Yes No
4. Have you suffered any skin irritation? Yes No
5. Do you smoke? Yes No
6. Do you consume alcohol? Yes No

EDUCATIONAL BACKGROUND

Level	Name of Institute	Year
Elementary	SDN 3 GABUS WETAN	1994 To 2000
Junior High School	SMPN 2 GABUS WETAN	2000 To 2003
High School		To

WORKING EXPERIENCE

a) Have you worked overseas before? **YES**

If Yes, where? **IN 1. TAIWAN**

Length of service : 1. From **2012** to **2020** Reasons for Leaving : **FINISH CONTRACT**

Name of Employer : **1. LIN LI FANG** Nationality **1. TAIWAN (CHINESSE)**

How many maids were working for the family ? **1 MAID**

b) What experience do you have in taking care of children ? **NO**

Age of Children : **NO**

- c) Who did the cooking ? (1. Employer 2. Myself) MY SELF _____
- d) Do you know how to prepare these cuisines ? **CHINESE FOOD** _____
 (1. Chinese 2. Western 3. Indonesia)
- e) What kind of language can you speak other than your mother tongue ?

Language	Excellent	Good	Fair	Poor
English				
Cantonese			√	
Mandarin		√		

- f) Briefly talk about the responsibilities of a domestic Helper !
CLEANING THE HOUSE, SWEEPING-MOPPING, WASHING-IRONING, DAILY MARKETING & COOKING
- g) Explain briefly your reasons for working in Hong Kong ?
TO HELP FAMILY FOR BETTER LIVING
- h) Who will take care of your children/family when you are away ?
MY HUSBAND & MOTHER
- i) Do you have any family/friend in Hong Kong ? If yes, please identify their name and address.
NO
- j) What was the base salary with your previous employer ?

EVALUATION & ANALYSIS FORM

Willing Experience (If experienced, please state level)

- | | | | | | | | | | |
|---|-------------------------------------|-------------------------------------|---------|------|--------------------------|------|--------------------------|------|-------------------------------------|
| 1. Nursing new born to six months old infant | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Level : | Poor | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Good | <input checked="" type="checkbox"/> |
| 2. Nursing six months to one year old infants | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Level : | Poor | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Good | <input checked="" type="checkbox"/> |
| 3. Care for 1 – 5 years old children | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Level : | Poor | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Good | <input type="checkbox"/> |
| 4. Care for over 5 years old children | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Level : | Poor | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Good | <input checked="" type="checkbox"/> |
| 5. Caring for metally retarded children | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Level : | Poor | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Good | <input checked="" type="checkbox"/> |
| 6. Caring for elderly ? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Level : | Poor | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Good | <input checked="" type="checkbox"/> |
| 7. Caring for disabled / bedridden people | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Level : | Poor | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Good | <input checked="" type="checkbox"/> |
| 8. Taking care male senior / invalid patient | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Level : | Poor | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Good | <input checked="" type="checkbox"/> |

GENERAL DUTIES

Willing Experience (If experienced, please state level)

- | | | | | | | | | | |
|--------------|-------------------------------------|-------------------------------------|---------|------|--------------------------|------|--------------------------|------|-------------------------------------|
| 1. Gardening | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Level : | Poor | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Good | <input type="checkbox"/> |
| 2. Cooking | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Level : | Poor | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Good | <input checked="" type="checkbox"/> |

3. Washing cars	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level :	Poor	<input type="checkbox"/>	Fair	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>
4. Vacuuming	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level :	Poor	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>
5. Doing laundry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level :	Poor	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>
6. Ironing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level :	Poor	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>
7. Doing laundry by hand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level :	Poor	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>
8. Sewing clothes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level :	Poor	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input type="checkbox"/>
9. Caring of Pets e.g. cats and dogs	<input type="checkbox"/>	<input type="checkbox"/>	Level :	Poor	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>
10. Making Beds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level :	Poor	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>
11. Cleaning windows, Ceilings and floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level :	Poor	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>
12. Marketing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level :	Poor	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>
13. Operating electrical appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Level :	Poor	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Good	<input checked="" type="checkbox"/>

PLEASE ANSWER THE FOLLOWING QUESTION

	Yes	No
1. Are you prepared to work with a family of more than six members ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Are you willing to work for a family with a family which one of the members is an elderly person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are you willing to accept the non-working days set up by your employer ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are you willing to work on non-working days with compensation ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will you finish the morning chores before going out on your day-off ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are you willing to handle/prepare pork ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Can you eat pork ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are you willing to return home not later than time set by your employer when you go out on your off-day?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Do you promise to ask employer's before using the telephone ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Are you afraid of dogs, others pets ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Do you promise not to invite friends and relatives without employer consent ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Do you promise not to put on make-up & wear proper attire while working ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Can you promise not to ask for advance salary from your employer under any circumstances ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Are you ready to extend your contract after 2 years ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the above information are true and to the best of my knowledge. I understand that any false statement here in made shall be enough for the employment agency to terminate this application.

Name of Applicant : **MELINDA** _____