



AGENSI PEKERJAAN MAIDPRO SDN. BHD.

印尼女佣资料表

APPLICANT'S QUALIFICATION HIGHLIGHTS

Name 姓名 : **SINDIYANI**

Age 年齡 : **21 YO**

Date of birth 出生日期 : **21-01-2004**

Place of birth 出身地點 : **CIREBON**

Height 身高 : **153 CM** Weight 體重 : **48 KG**

Religion 宗教 : **MUSLIM**

Education 教育 : **SENIOR HIGHT SCHOOL**

Marital Status 婚姻狀況 : **SINGLE**

No. of children/Age 子女數目/年齡:

No. of brothers/Sisters 兄妹數目: **1 Brother**

I am the in the family 家中排行第 : **2nd Of 2**



CODE : MNM - 807	
Overseas Experience 海外經驗	<input type="checkbox"/>
OTHER COUNTRY	
Local Experience 經驗	<input checked="" type="checkbox"/>
INDONESIA	
Recommended for: ("X" means she can)	
Housekeeping	<input checked="" type="checkbox"/>
Baby Sitting	<input checked="" type="checkbox"/>
Care of Children	<input checked="" type="checkbox"/>
Care of Elderly	<input checked="" type="checkbox"/>

面試評價 Interview Appraisal				
	差 POOR	平 FAIR	好 GD	優 V. GD
護理嬰兒 Care of Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
護理兒童 Care of Young Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
家務 Household Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
個性表現 Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
儀容 Facial Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
護理老人 Care of Elderly/Disable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
烹飪 Cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
女傭經驗 Exp. in Housemaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
能操英語 Spoken English	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
能操廣東話 Spoken Cantonese	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
能操國語 Spoken Mandarin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
其他語言 Other Languages	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
怕狗 Afraid of Dog	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
經驗照顧狗 Exp. taking care of Dog	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO

Previous Employment History 以往僱員工作紀錄				
Name of Employer 前僱主名稱	From --To 由 / 至	Salary 薪金	Reason of Leave離職	
MRS. SRI	2022-2024		2 YEAR	
location of Employer 前僱主地址	Description of job 工作性質			
CIREBON- INDONESIA	TAKE CARE OF 2 YEARS OLD CHILD, GENERAL HOUSEWORK AND COOKING			
Name of Employer 前僱主名稱	From --To 由 / 至	Salary 薪金	Reason of Leave離職	
location of Employer 前僱主地址	Description of job 工作性質			
Name of Employer 前僱主名稱	From --To 由 / 至	Salary 薪金	Reason of Leave離職	
location of Employer 前僱主地址	Description of job 工作性質			
Name of Employer 前僱主名稱	From --To 由 / 至	Salary 薪金	Reason of Leave離職	
location of Employer 前僱主地址	Description of job 工作性質			
Personal Particulars 個人資料				
Name of Spouse 配偶姓名	Age 年齡	Spouse's Occupation配偶職業	No. of Children子女數目	
Name of Father / Occupation父親姓名/職業	Age年齡	Name of Mother/Occupation母親姓名/職業	Age 年齡	
SUTONO	52	KADEWI	50	

ADDRESS :

REMARKS : EXPERIENCE / FRESH

EXPERIENCES :

WORKING IN INDONESIA FOR 2 YEAR TAKE CARE OF CHILDREN AGE 2. GENERAL HOUSEWORK LIKE CLEANING WASHING, IRONING AND COOKING. 3 BEDROOM, 1 BATHROOM, FAMILY MEMBER 4 PERSONS: MAM,SIR, 2 CHILDREN.

Please answer by (Yes) or (No) below to show which at the following duties you are willing to undertake and which you have had experience of:-

	Willing 願意	Exp. 有經驗		Willing 願意	Exp. 有經驗
1 Care of babies aged 0-3 months 照顧0-3 個月嬰兒	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9 Operate Vacuum Cleaner 吸塵器操作	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Care of babies aged 3-12 months 照顧3-12 個月嬰兒	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10 Operate Microwave Oven 微波爐操作	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Care of children aged 1-5 years 照顧年齡1-5歲小孩	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11 Washing Laundry by Hand 用手洗衣服	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Care of children aged 5-10 years 照顧年齡5-10歲小孩	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12 Ironing 用熨燙燙衫	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Care of children over 10 years 照顧年齡10歲以上小孩	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13 General Cooking 一般烹飪	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Care of invalid 照顧殘弱人仕	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14 Care Of elderly 照顧老人	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 General Housework 一般家務工作	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15 Care of Pets 照顧貓狗	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Operate Washing Machine 洗衣機操作	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16 Care of Cars 清潔車輛	<input checked="" type="checkbox"/>	<input type="checkbox"/>

GENERAL INFORMATION

QUESTIONS

	Yes	No
1 Can you promise not to use telephone without your employer permission	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Are you prepared to eat the type of food your employer provides	<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 Can you promise NOT to ask advance salary from your employer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Do you smoke?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Have you undergone any operation over last 12 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Do you suffer from any skin disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Are you willing to prepare / handle pork?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Can you eat pork?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Are you willing to work overtime with compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Are you willing to share a room with children or old person	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I hereby confirm that all information and answer given are true and correct and that any deliberate falsification of information may result in my being repatriated back to country of original at own expense.

Interviewer's : Trisnawati

Date : 07 Juli 2025

HEAD OFFICE : JL. BUNUT NO. 47 RT.004/ RW. 005 KEL. PONDOK RANGGON KEC. CIPAYUNG
KOTA. JAKARTA TIMUR KP. 13860 - INDONESIA

Notes: Have shrimp allergy



