

PERSONAL DATA		Reference	: SMU-193
Name	: ROLIAH	Date of Birth	: 07 -10 -1983
Age	: 41 YEARS OLD	Place of Birth	: S. MATARAM
Sex	: FEMALE	Height / Weight	: 150 CM / 56 KG
Religion	: MUSLIM	Education	: ELEMENTARY SCHOOL
Address	: JL. IKAN SALEM NO. 37 LK II RT.028 RW. 000 KEL. BUMI WARAS KEC. BUMI WARAS KAB. KOTA BANDAR LAMPUNG.		
Marital Status	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Name of Father	: JANURI	Age	: 65 Y.O    Occupation : FARMER
Name of Mother	: IIS	Age	: ALM Y.O    Occupation : -
No.of Brother/Sister	: 3 PERSON	Your order in family	: 1
Name of Spouse	: ARBAIN	Age	: 45 Y.O    Occupation : FARMER
No. Of Children	: 5 PERSON	Sons	: 1 PERSON    Daughter : 4 PERSON
1. Are you afraid of dog and others pets ?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Are you prepared to work for any nationality?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you willing to handle,cut and cook pork?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you feel dizzy when you are in a moving car?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. Do you smoke and consume alcohol?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Have you ever had a major surgery ?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>INTERVIEW APRAISAL :</b>		Poor	Fair    Good
Apperance & Personality			
Spoken English	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Household chores	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Care of Newborn Baby	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
<b>WORKING EXPERIENCE :</b>			
1. Experience in	: LAMPUNG (12 TAHUN )		
Name of Employer	: CE SUSAN		
Period	: 2011 - 2024		
Experience	: CLEAN THE HOUSE, WASH, IRON, HELP MAM TO COOK TAKE CARE ELDERLY		
2. Experience in			
Name of Employer			
Period			
Experience			

