



AGENSI PEKERJAAN ASAHI (M) SDN. BHD.

NO 38A LORONG SENTOSA 4 TAMAN BAYU TINGGI 41200 KLANG

TEL: 03 3325 5959/ 5858 FAX: 033324 3843 License No. JTKSM 280C

Ref. No. **APA023**

READY PASSPORT UNTIL YEAR 2028

EX-ABROAD-SAUDI 2 MONTHS ONLY
MY MALE EMPLOYER HARRAS ME

APPLICANT'S QUALIFICATION HIGHLIGHTS

Name : RECHEL G. MANCILI

Race : FILIPINO Religion: CATHOLIC

Health _____

Age : 32 September 12, 1992

Height : 165.1 Weight : 63KG

Educational : VOCATIONALGRADUATE

Attainment _____



INTERVIEW APPRAISAL

	POOR	FAIR	GOOD	EXCELLENT
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of elderly/disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience in working as a house maid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken Cantonese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spoken Teachew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Languages _____

ADDRESS: <u>RM 211 BLDG.1 JCS VILLAGEE PUNTA STA ANA</u> <u>MANILA</u>	TEL: _____
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PLEASE ANSWER IN CHRONOLOGICAL ORDER FROM 1-10

5	COOKING	1	CARE OF BABIES	3	WASHING	8	IRONING	2	CARE OF YOUNG CHILDREN	9	CARE OF ELDERLY
7	CARE OF DISABLED	4	CLEANING	3	TUTORING OF CHILDREN	10	CARE OF PETS				

SPECIAL ABILITIES

1. CARE OF BABIES CARE ELDERLY CLEANING

PREVIOUS EMPLOYMENT

1. NAME OF EMPLOYER AMIR ABDULLHA	FROM - TO FEB 2019-APRIL 2019	SALARY \$400	POSITION HOUSEHOLD WORKER
LOCATION OF EMPLOYER SAUDI	DESCRIPTION OF JOB	TEL. NO.	REASON TO LEAVE MALE EMPLOYER HARASSING ME
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

<input checked="" type="checkbox"/>	SINGLE	<input type="checkbox"/>	MARRIED	<input type="checkbox"/>	DIVORCED	<input type="checkbox"/>	SEPARATED	<input type="checkbox"/>	WIDOW
NAME OF SPOUSE	AGES	OCCUPATION	NO OF SONS	AGES	NO OF DAUGHTERS	AGES			
NAME OF FATHER DECEASED	AGES	OCCUPATION	NAME OF MOTHER ANGELI MANCILI		AGES 56	OCCUPATION N/A			
NO OF BROTHER(S) 3	AGES	NO OF SISTER(S) 3	AGES	I AM THE <u>3RD</u> IN THE FAMILY					

EDUCATIONAL BACKGROUND

FINAL EDUCATION VOCATIONAL	NAME OF INSTITUTE TESDA TECHNICAL SCHOOL	LOCATION STA ANA MANILA	FROM - TO Jul-05
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:	APPLICANT'S SIGNATURE RECHEL G. MANCILI	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	YES	YES
15. Do plain cooking	YES	YES
16. Look after semi-invalid person	YES	NO
17. Look after invalid person	YES	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?: YES if so, where? SAUDI

Name of employer?: AMIR ABDULLAH

Reason for Leaving?: MY MALE EMPLOYER ATTEMPT TO RAPE ME, AND HE DOES'NT WANT TO TRANSFER ME TO ANOTHER EMPLOYER , THAT WHY I GO HOME

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:
TO SUPPORT MY MOTHER'S NEED ESPCALLY IN MEDICATION

If you will work in abroad (Malaysia) and you feel home sickness what would you do?
PRAY ALWAYS AND CALL MY FAMILY

- | | |
|--|---|
| 1. Are you prepared to eat Chinese food only? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you prepared to eat Western food only? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you prepared to work for Chinese family? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you prepared to work for a Western family? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you prepared to use the telephone only with employer's permission? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you prepared to take your day off set by your employer? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you prepared to give up some of your day off to earn more in addition to you basic salary | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. On you day off, are you prepared to finish the morning chores before going out? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are you prepared to return home not later than 7:00 P.M. during you day off? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Can you promise not to ask salary advance from your employer no matter what the circumstances may be? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Are you prepared to follow the code of discipline drawn up by your agency? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Are you prepared to shoulder your own return airfare if you do not finish your 2 years contract? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Are you ready to follow your employer if they emigrate to other country? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Can you promise not to invite your friends to your employer's residence without his/her consent? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Can you promise not to use make-up while at work? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. If only member of your family becomes seriously ill, would you want to go home at your own expense? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. If any immediate member of your family should die while abroad would you like to go home at your expenses? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Are you ready to extend your contract after 2 years? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Do you smoke? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 20. Do you drink alcohol? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 21. Are you afraid of dogs? Other pets? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 22. Are you afraid of being left alone in the house at night? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 23. Do you have any physical defect? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 24. Do you suffer from any allergy? If so, what? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 25. Have you suffered from any serious illness before? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 26. Have you undergone any operation over the lasr 12 months? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 27. Do you suffer from any skin diseased? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 28. Must you attend church weekly? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

BIG DOGS

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.