

Helper's Bio Data	Maid No 傭工編號	SK-OD 722
	Type 類別:	Hong Kong

Application Information Sheet 申請人資料

Name	Marie Claire gumuwang		
Age 年齡	46		
Date of Birth 出生日期	\	DT 2934968652	
Martial Status 婚姻狀況	Single		
Height 身高	5"2	Maid No 傭工編號	SK-OD722
Weight 體重	75	Contract Status : Finish on Feb 2025	
Nationality 國籍	Flipino	Current Location	現在位居 Maonshan hongkong
Gender 性別	Female		
Martial Status 婚姻狀況	Single		
Education 學歷	College graduate	Special Crouse	
Language Ability 語言能力	English 英語	Cantonese	Yes
Religion 宗教	Catholic		
About Her Family 家庭背景	7brothers and 3 sisters		
About Their Children 兒女數目/年齡	7brothers and 3 sisters		
Brother / Sister/Family 兄弟姊妹	No comments		
Address 地址			

Working Experience 工作經驗		Overseas Experience 海外工作經驗		
Care of Baby 照顧嬰兒	<input checked="" type="checkbox"/>	Hong Kong 香港	<input checked="" type="checkbox"/>	14 Years
Care of Toddler 照顧幼兒 (1-3)	<input checked="" type="checkbox"/>	Singapore 新加坡	<input checked="" type="checkbox"/>	
Care of Child 照顧小孩 (4-12)	<input checked="" type="checkbox"/>	Taiwan 台灣		
Care of Elderly 照顧老人	<input type="checkbox"/>	Malaysia 馬來西亞	<input type="checkbox"/>	
Care of Disabled 照顧傷殘人士	<input type="checkbox"/>	Middle East 中東	<input checked="" type="checkbox"/>	
Care of Bedridden 照顧卧床人士	<input type="checkbox"/>	Other 其他	<input type="checkbox"/>	
Care of Pet 照顧寵物	<input checked="" type="checkbox"/>	Home Country 原住地	<input checked="" type="checkbox"/>	
Household Works 家務	<input checked="" type="checkbox"/>			
Car Washing 洗車	<input checked="" type="checkbox"/>			
Cooking 烹飪	<input checked="" type="checkbox"/>			
Driving 駕駛	<input type="checkbox"/>			

Remarks : _____

Previous Employment Record 工作紀錄 1				
Country 工作地點	Hongkong		Nationality 國籍	Hongkong
Serving People 服務人數	3		House Size	1500
Duration 工作期間	2011 to 2024		Termination Reason, 離開原因	Finish contract reason for not renewing is they don't
Main Duty 主要工作				
Care of Baby 照顧嬰身	<input checked="" type="checkbox"/>	Care of Children 照顧幼兒 (1-3)	<input checked="" type="checkbox"/>	
Care of Child 照顧小孩 (4-12)	<input checked="" type="checkbox"/>	Care Of Elderly 照顧老人	<input checked="" type="checkbox"/>	
Care of Disabled 照顧殘疾人士	<input type="checkbox"/>	Care Bedridden 照顧臥床人士	<input type="checkbox"/>	
Care of Pets 照顧寵物	<input type="checkbox"/>	House Chore 家務	<input checked="" type="checkbox"/>	
Car Washing 洗車	<input checked="" type="checkbox"/>	Gardening 打理花園	<input checked="" type="checkbox"/>	
Cooking 烹飪	<input checked="" type="checkbox"/>	Driving 駕駛	<input type="checkbox"/>	
Remarks :	Termination is moving to new house and kids independently take care of themselves, We are good relationship together			
Previous Employment Record 工作紀錄 2				
Country 工作地點	No		Nationality 國籍	No
Serving People 服務人數	No		House Size	No
Duration 工作期間	No		離開原因	No
Main Duty 主要工作				
Care of Baby 照顧嬰身	<input checked="" type="checkbox"/>	Care of Children 照顧幼兒 (1-3)	<input checked="" type="checkbox"/>	
Care of Child 照顧小孩 (4-12)	<input checked="" type="checkbox"/>	Care Of Elderly 照顧老人	<input checked="" type="checkbox"/>	
Care of Disabled 照顧殘疾人士	<input type="checkbox"/>	Care Bedridden 照顧臥床人士	<input type="checkbox"/>	
Care of Pets 照顧寵物	<input type="checkbox"/>	House Chore 家務	<input checked="" type="checkbox"/>	
Car Washing 洗車	<input checked="" type="checkbox"/>	Gardening 打理花園	<input type="checkbox"/>	
Cooking 烹飪	<input checked="" type="checkbox"/>	Driving 駕駛	<input type="checkbox"/>	
Remarks :				
Supplementary Questions 附加問題		Yes 是	No 不是	
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? If Yes: 你有任何長期的疾病/做過手術嗎?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Are you willing to share job with another worker? 你是願意與其他工人一起工作?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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。"				