

Applicant's Detailed Information Sheet

Form No. GW/001/DATA CONTROL

Please Print the following in Black Ball Pen

Applicant's Personal Data Encoder's Form

Last Name	First Name	FAMILY DETAILS	
Address:		Applicant's Own Family	
Telephone:		How Many Children :	
Age:		Child Or Children's Ages:	
Birth Year :		Children's Gender:	
Height :		Spouse's Job :	
Religion :		Smoker? :	
Civil Status :		Drinker? :	
Education :		Next Of Kin	
Course Completed		Next Of Kin :	
Job :		Next Of Kin's Address :	
Experience :		Kin's Telephone :	
Hobbies And Special Skills		Applicant's Father's Family	
		How Many Brothers? :	
		How Many Sisters? :	
		Position In Family :	
		Father's Job :	
		Mother's Job :	
		Parents' Address :	
		Parents' Telephone:	
Submitted Requirements			
Passport No.			
Passport Expiration			
Medical Expiration			

MEDICAL HISTORY		
Do you have any physical scars?	YES	NO
If so why do you have Scars ? :		
Have you had surgery over the last 12 months?	YES	NO
If so why? :		
Have you been hospitalized ?	YES	NO
If so, for what ?:		
Have you got any disease?	YES	NO
If so, what disease:		
Are all your limbs normal?	YES	NO
If not, why?:		
Do you wear glasses?	YES	NO
If so, for what eye defect ? :		
Do you have any allergies ?	YES	NO
If so, what?		
Are you Right or Left handed?	RIGHT	LEFT

Applicant's Preferences		
Job / Chore preferences		Holidays (Please Check)
1	Select from the Following chores, rank and fill in, in order of preference: Baby Sitter Cook Manual Laundry Machine Laundry Cleaning Care Of The Aged Care Of The Disabled Gardening Car - Washing	
2		
3		Any Day Of The Week
4		As Granted By Employer
5		
6		
7		
8		
9		
10		

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Check **YES OR NO** to the following

Willing To Clean Two Residences	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Willing To Give Up Day-Off If Necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Willing To Give Up Yearly Vacation If Necessary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Willing to Tend and Manage Swimming Pool	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Willing To Tend and Manage Garden	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Ready To Wash car	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can Share Room With Someone Else	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can Sleep In The Sitting Room	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Willing To work for a Western family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Willing To use the telephone only with the employer's permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prepared to give up day off to earn more in addition to salary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On your day off, are you willing to finish your morning chores first?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepared to return home not later than 7:00pm on your day-off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Promise not to ask for salary advance from employer, no matter what?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepared to follow the code of discipline drawn up by your Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you don't finish your contract, are you willing to shoulder your fare back?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to immigrate to another country with your employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you promise not to wear makeup while at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If an immediate member of your family gets sick and dies will you go home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you ready to extend your contract after 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you love babies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you Love animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to cut your hair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check **Agree OR Disagree** to the following

Can Take Care Of Additional Baby	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Can Accommodate Employer's Visitors	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Must Not Apply For Loan (Individual Or Company)	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree
Must Not Bring Visitor Into Employer's Residence	<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree

The following questions deal with what you are willing to do and what you've had experience in doing. Please tick on YES or NO.

Activity	Willing		Experienced	
	YES	NO	YES	NO
1. Care of babies aged 0-3 months old.				
2. Care of babies aged 4-12 months old.				
3. Change diapers.				
4. Feed baby.				
5. Take care of babies at night.				
6. Care of children 1-5 years old.				
7. Care of children 6-10 and above.				
8. Play with children.				
9. General housework.				
10. Operate washing machine.				
11. Operate carpet cleaner.				
12. Operate drier.				
13. Do personal laundry by hand.				

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14. Ironing clothes.	YES	NO		YES	NO
15. Sewing and mending of clothes.	YES	NO		YES	NO
16. Plain cooking.	YES	NO		YES	NO
17. Look after invalid or semi-invalid person.	YES	NO		YES	NO
18. Look after elderly person.	YES	NO		YES	NO
19. Drive private motor vehicle.	YES	NO		YES	NO
20. Do general household chores.	YES	NO		YES	NO
21. Take care of pets (dogs /cats, etc...)	YES	NO		YES	NO

ADDITIONAL PERSONAL QUESTIONS

Please answer as best you can to the following questions (write clearly)
WHAT WILL YOU DO IF THE FOLLOWING EVENTS OCCUR?
1. If child has fever?
2. If child gets injured while playing?
3. If house is on fire?
4. If uninvited visitor rings the door bell?
5. If a burglar is trying to get into the house?
6. If you are home-sick?
7. If you have misunderstanding with employer?

WORK EXPERIENCE : Employers' Profile / Family Details

Employer 1			
Employer's Name :		Nationality :	
Employer's Age :		Spouse's Age :	
Employer's Occupation :		Spouse's Occupation :	
Address :		Bed-ridden Person(s)?	
Telephone :		Disabled Person(s)?	
Country :		Aged Person(s)?	
Type Of Residence :		Aged Person's Age :	
PETS (Answer YES or NO)			
Duration of Service :		Dog(s)?	
Reason For Non-Completion :		Cat(s)?	
Employer's Family		Bird(s)?	
How Many Children :		Other Pets :	
Child/Children's Ages :		VEHICLES	
Adults In Family :		Car(s) / Truck / Van?	
How many Bedrooms :		Brand Of Car(s) :	
Your Main Duties :			
Appliances in household:			

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Employer 2			
Employer's Name :		Nationality :	
Employer's Age :		Spouse's Age :	
Employer's Occupation :		Spouse's Occupation :	
Address :		Bed-ridden Person(s)?	
Telephone :		Disabled Person(s)?	
Country :		Aged Person(s)?	
Type Of Residence :		Aged Person's Age :	
PETS (Answer YES or NO)			
Duration of Service :		Dog(s)?	
Reason For Non-Completion :		Cat(s)?	
Employer's Family		Bird(s)?	
How Many Children :		Other Pets :	
Child/Children's Ages :		VEHICLES	
Adults In Family :		Car(s) / Truck / Van?	
How many Bedrooms :		Brand Of Car(s) :	
Your Main Duties :			
Appliances in household:			

Employer 3			
Employer's Name :		Nationality :	
Employer's Age :		Spouse's Age :	
Employer's Occupation :		Spouse's Occupation :	
Address :		Bed-ridden Person(s)?	
Telephone :		Disabled Person(s)?	
Country :		Aged Person(s)?	
Type Of Residence :		Aged Person's Age :	
PETS (Answer YES or NO)			
Duration of Service :		Dog(s)?	
Reason For Non-Completion :		Cat(s)?	
Employer's Family		Bird(s)?	
How Many Children :		Other Pets :	
Child/Children's Ages :		VEHICLES	
Adults In Family :		Car(s) / Truck / Van?	
How many Bedrooms :		Brand Of Car(s) :	
Your Main Duties :			
Appliances in household:			

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Employer 4			
Employer's Name :		Nationality :	
Employer's Age :		Spouse's Age :	
Employer's Occupation :		Spouse's Occupation :	
Address :		Bed-ridden Person(s)?	
Telephone :		Disabled Person(s)?	
Country :		Aged Person(s)?	
Type Of Residence :		Aged Person's Age :	
PETS (Answer YES or NO)			
Duration of Service :		Dog(s)?	
Reason For Non-Completion :		Cat(s)?	
Employer's Family		Bird(s)?	
How Many Children :		Other Pets :	
Child/Children's Ages :		VEHICLES	
Adults In Family :		Car(s) / Truck / Van?	
How many Bedrooms :		Brand Of Car(s) :	
Your Main Duties :			
Appliances in household:			

What is your promise to your future employer?

Declaration :
 I certify that the entries above has been completed by me to the best of my knowledge and that I hereby submit it to God's Will International Placement with the declaration that I will take full responsibility for the outcome of using the information contained within.

Signed :

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FOR COMPLETION BY GOD'S WILL STAFF

Video Number :	
Reference Number :	
File Date:	
Received By : Sign over printed name
Encoded By : Sign over printed name
Checked By : Sign over printed name