MMS

Code : **MMS-SH-616** Passport Status: PASSPORT IN HAND

A1 Personal Information

1. Name :	JENEROSE TRASONA BAYNAS
2. Date of Birth :	16-05-1994 Age: 24
3. Place of Birth :	MABINAY NEGROS ORIENTAL
4. Height & Weight :	152 CM 46 KG
5. Nationality :	FILIPINO
6. Residential address in home country :	MABINAY MEGROS ORIENTAL
7. Name of port / airport to be repatriated to:	MANILA
8. Contact number in home country :	+63-935-662-8994
9. Religion :	Christian
10. Education level :	College
11. Number of siblings :	No. of Brother Age: No. of Sister Age:
12. Marital Status :	
13. Number of children :	1
Age (S) of children (if any) :	Age (boy): 1 Age(Girl):

A2 Medical History/Dietary Restrictions

14. Allergies (if any) : NA

15. Past and existing illnesses (including chronic ailments and illnesses requiring medication):

	Yes	No		Yes	No
i. Mental illness	○	◉	vi. Tuberculosis	○	◉
ii. Epilepsy	○	◉	vii. Heart disease	○	◉
iii. Asthma	○	◉	viii. Malaria	○	◉
iv. Diabetes	○	◉	ix. Operations	○	◉
v. Hypertension	○	◉	x. Others:		

16. Physical disabilities: NA

17. Dietary restrications: NA

18. Food handling preferences: ☐ No pork ☐ No beef ☐ Others: ALL OK

(B) SKILLS OF FDW

B1 Method of Evaluation of Skills

Please indicate the method(s) used to evaluate the FDW's skills (can tick more than one):

☐ Based on FDW's declaration, no evaluation/observation by Singapore EA or overseas training centre/ EA

☐ Interviewed by Singapore EA

- ☐ Interviewed via telephone/teleconference
- ☐ Interviewed via videoconference
- ☐ Interviewed in person
- ☐ Interviewed in person and also made observation of FDW in the areas of work listed in table

S/No	Areas of Work	Willingness Yes/No	Experience Yes/No If yes, state the no. of years	Assessment/Observation Please state qualitative observations of FDW and/or rate the FDW (indicate N.A. of no evaluation was done) Poor Excellent ... N.A 1 2 3 4 5 N.A
1.	Care of infants/children Please specify age range:	◉ Yes ○ No	◉ Yes ○ No	○ Poor ◉ Average ○ Excellent ○ NA ○ 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○ NA
2.	Care of elderly	◉ Yes ○ No	○ Yes ◉ No	○ Poor ◉ Average ○ Excellent ○ NA ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ NA
3.	Care of disabled	◉ Yes ○ No	○ Yes ◉ No	○ Poor ◉ Average ○ Excellent ○ NA ○ 1 ○ 2 ◉ 3 ○ 4 ○ 5 ○ NA
4.	General housework	◉ Yes ○ No	◉ Yes ○ No	○ Poor ◉ Average ○ Excellent ○ NA ○ 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○ NA
5.	Cooking Please specify cuisines: FILIPINO	◉ Yes ○ No	◉ Yes ○ No	○ Poor ◉ Average ○ Excellent ○ NA ○ 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○ NA
6.	Language abilities (spoken) Please specify: ENGLISH	-	◉ Yes ○ No	○ Poor ◉ Average ○ Excellent ○ NA ○ 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○ NA
7.	Other skills, if any Please specify: ☐ Mandarin ☐ Dialect	○ Yes ◉ No	○ Yes ◉ No	○ Poor ○ Average ○ Excellent ◉ NA ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ◉ NA

☐ Interviewed by overseas training centre / EA (Please state name of foreign training centre / EA:

State if the third party is certified (e.g. ISO9001) or audited periodically by the EA:

☐ Interviewed via telephone/teleconference

☐ Interviewed via videoconference

☐ Interviewed in person

☐ Interviewed in person and also made observation of FDW in the areas of work listed in table

S/No	Areas of Work	Willingness Yes/No	Experience Yes/No If yes, state the no. of years	Assessment/Observation Please state qualitative observations of FDW and/or rate the FDW (indicate N.A. of no evaluation was done) Poor Excellent ... N.A 1 2 3 4 5 N.A
1.	Care of infants/children Please specify age range:	◉ Yes ○ No	◉ Yes ○ No	○ Poor ◉ Average ○ Excellent ○ NA ○ 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○ NA
2.	Care of elderly	◉ Yes ○ No	○ Yes ◉ No	○ Poor ◉ Average ○ Excellent ○ NA ○ 1 ○ 2 ◉ 3 ○ 4 ○ 5 ○ NA
3.	Care of disabled	◉ Yes ○ No	◉ Yes ○ No	○ Poor ◉ Average ○ Excellent ○ NA ○ 1 ○ 2 ◉ 3 ○ 4 ○ 5 ○ NA
4.	General housework	◉ Yes ○ No	◉ Yes ○ No	○ Poor ◉ Average ○ Excellent ○ NA ○ 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○ NA
5.	Cooking Please specify cuisines:	◉ Yes ○ No	◉ Yes ○ No	○ Poor ◉ Average ○ Excellent ○ NA ○ 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○ NA
6.	Language abilities (spoken) Please specify:	-	◉ Yes ○ No	○ Poor ◉ Average ○ Excellent ○ NA ○ 1 ○ 2 ○ 3 ◉ 4 ○ 5 ○ NA
7.	Other skills, if any Please specify: ☐ Mandarin ☐ Dialect	○ Yes ◉ No	○ Yes ◉ No	○ Poor ○ Average ◉ Excellent ○ NA ○ 1 ○ 2 ○ 3 ○ 4 ◉ 5 ○ NA

(B) EMPLOYMENT HISTORY OF THE FDW

C1 Employment History Overseas

Date		Country (including FDW's home country)	Employer	Work Duties	Remarks
From	To				

C2 Employment History in Singapore

Previous work experience in Singapore : ○ Yes (Work Permit No:) ◉ No

(The EA is required to obtain the FDW's employment history from MOM and furnish the employer with the employment history of the FDW. The employer may also verify the FDW's employment history in Singapore through WPOL using SingPass)

C3 Feedback from previous employer in Singapore

Feedback was/was not obtained by the EA from the previous employers. If feedback was obtained (attach testimonial if possible), please indicate the feedback in the table below:

Feedback	
Employer 1	
Employer 2	

(D) AVAILABILITY OF FDW TO BE INTERVIEWED BY PROSPECTIVE EMPLOYER

- ☐ FDW is not available for interview
- ☐ FDW can be interviewed by phone
- ☐ can be interviewed by video-conference
- ☐ FDW can be interviewed in person

(E) OTHER REMARKS

_____ _____

FDW Name and Signature

Date:

EA Personnel Name and Registration Number

Date:

I have gone through the 4 page biodata of this FDW and confirm that I would like to employ her.

_____

Employer Name and NRIC No.

Date:

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IMPORTANT NOTES FOR EMPLOYERS WHEN USING THE SERVICES OF AN EA

- Do consider asking for an FDW who is able to communicate in a language you require, and interview her (inperson/phone/videoconference) to ensure that she can communicate adequately
- Do consider requesting for an FDW who has a proven ability to perform the chores you require, for example, performing household chores (especially if she is required to hang laundry from a high-rise unit), cooking and caring for young children or the elderly.
- Do work together with the EA to ensure that a suitable FDW is matched to you according to your needs and requirements.
- You may wish to pay special attention to your prospective FDW's employment history and feedback from the FDW's previous employer(s) before employing her.

ADDITIONAL INFORMATION

Relationship	Name	Age	Occupation	Contact No.
Father :				
Mother :				
Name of Spouse :				

PERSONAL INFORMATION

S/N	Description	Yes	No
1	Are you prepared to work for any nationality?	◉	○
2	Do you have any allergies?	○	◉
3	Do you have any illness/surgery in the last 6 months?	○	◉
4	Are you afraid of dogs ?	○	◉
5	Are you afraid of loneliness?	○	◉
6	Are you wearing glasses ?	○	◉
7	Are you willing to take care of elderly person ?	◉	○
8	Are you willing to eat pork ?	◉	○
9	Are you willing to take care of new born / infant?	◉	○
10	Are you willing to look after bedridden?	◉	○
11	Are you willing to work in a landed property ?	◉	○
12	Are you willing to accept “No-Off-Day” as an employment criteria?	○	◉

FDW Name and Signature

Date:

EA Personnel Name and Registration Number

Date: