AGENSI PEKERJAAN FINAL CHOICE SDN BHD

ARAB
Ref. No:MMBBP004

Name: NOPIYANI			
Age: 31 Date of Birth: 23-04-94	Height:150	Weight:	68
Address: DS. KUTOHARJO RT. 03/04 KEC. PATI KAB. I	PATI		
Marital Statu MARRIED Religion :	MOSLEM	Race :	JAVANESE
Educational: JUNIOR HIGH SCHOOL	_		
Working Experience : ARAB	_ }		
Salary Expected :	_		
PREFERENCES Completion Fair Dark • Tanned Poor Fair Good Excellent			
Personality • _	CO.		
Baby Sitting • •			
Care of Young Children			
Cooking			
Care of Pets			
Care of Elderly			
Household ·			
Trousenoid			
FAMILY BACKGROUND			
Husband's Name: ABDUL WAKHID	Age: 45 Oc	cupation]	FARMER
Father's Name: SUBARI	Age: Oc	cupation PA	SSAWAY
Mother's Name : RISTINAH	Age : Oc	cupation PA	SSAWAY
No. of Son/Daughte 1 (GIRL)	Age: 10 Y.O Oc	cupation S	TUDENT
No. of Brothe 2 Age: 39, 21 Y.O No. of Siste	er: Age:	In the Fa	amily no 2
Allergies (if any): N/A			

I cannot eat following ty						
cannot handle the follo						
would like to be given	1	rest day(s) per	month.I am will	ing / not willir	ng to work on	m rest day.
Others:						
B) INFORMATION O	N SKILLS					
SKILL			Willingness	Experience	Rate of FDV	V(PoorExcellent
Γaking care of the babi	(below 1 year)		YES	YES		GOOD
Taking care of children	Ages: 8 Y	.О	YES	YES		GOOD
Taking care of elderly	Ages:		YES	YES	GOOD	
Γaking care of persons	special needs		YES	YES		FAIR
Гаking care of pets			YES	NO		FAIR
General housework	ALL AROUND M	IAID	YES	YES		GOOD
Garden			YES	YES		GOOD
Cookin _i Indo	onesian Foods		YES	YES		GOOD
Language abilities Simp	ple Melayu		YES	YES		GOOD
Others skills,if any						
(C) EMPLOYMENT H						
MPLOYER NAMI	FROM	ТО	DUTIES	CO	UNTRY	REMARKS
Diffica to 1:	2023	2025	MAIDS	AR		3 PERSONS
DUTIES: Taking care Cl There are Mom, Sir, 1 Cl				id cleaning the	nouse.	
						
References from previos	s employer (if any):				
D) DECLARATION :						
I hereby declare that the	ne information I h	ave provided,	where indicated,	is true and co	rrect.	
NOPIYANI			SITI			
FDW's Name & Signature		Interprefe	r Name & Signat	ure	Agency Offic	cer Name & Signature
Date: 10-09-2	25	Date:	10-09-25		Date:	

Past and existing major illnesses (including persistent illnesses and illnesses that require consant medication):