



Hello Yaya by Darmax Limited

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 Tel: 3614 6236
 LICENCE NO.: 71459

Applicants Information Sheet 申請人資料

Name 姓名	Bernadette Obillo Ochoa	Age 年齡	28
Nationality 國籍	Filipino	Date of Birth 出生日期	31-May-1995
Gender 性別	Female	Marital Status 婚姻狀況	Married
Education 學歷	Secondary	Height 身高	167.6 CM
Religion 宗教	Christian/ Catholic	Weight 體重	70 KG
In the Family No. 在家排行	3 Nos - Husband (37), Son (11), 3Daughter (10,9,9)	Son / Age 兒子數目/年齡	-
Brother / Sister 兄弟姊妹	2 Nos- 2 Sister (22,32)	Daughter / Age 女兒數目/年齡	(10,9,9)- year old

Working Experience 工作經驗

Care of Babies	照顧嬰兒	✓
Care of Toddler	照顧幼兒 (1-3)	✓
Care of Children	照顧小孩 (4-12)	✓
Care of Elderly	照顧長者	
Care of Disabled	照顧殘疾人士	
Care of Bedridden	照顧卧床人士	
Care of Dog Pets	照顧狗寵物	
Care of Cat Pets	照顧貓寵物	
Household Works	家務	✓
Car Washing	洗車	
Gardening	打理花園	
Cooking	烹飪	✓
Driving	駕駛	



Expected Salary	Min- Wage
Current Location	Philippines
Available Date	Immediately

Personal Introduction 自我介紹

I am Bernadette Ochoa 28 years old .I am from Sta Ana Pampanga .I'm married I have 3 children ages 10 years old an twins 9years old. I am high school graduate .I am trustworthy hardworking. If you choose I promise I'll do my best .

Overseas Experience 海外工作經驗

Hong Kong	香港	
Singapore	新加坡	
Taiwan	台灣	
Malaysia	馬來西亞	
Middle East	中東	
Macau	澳門	
Other	其他	
Home Country	原住地	✓

Favourite tasks 工作偏好

#1	Child Care
#2	Cooking
#3	Housekeeping
#4	Groceries Shopping
#5	Ironing/Laundry

Language Skills 語言能力			
	Learning 學習中	Fair 平	Good 好
國語 Mandarin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
廣東話Cantonese	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
英語 English	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Cooking Skills 廚藝能力			
	Learning 學習中	Fair 平	Good 好
港式/中菜 Chinese Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
亞洲 Asian Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
西餐 Western Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Previous Duties 過往工作 1			
Country 工作地點	Philippines	Employer Nationality 僱主國籍	Filipino
Duration 工作期間	19 Jan 2016 - 30 Mar 2019	No. to Serve 總服務人數	5Nos- 2 adult (36,38), 3Children (3,7,11)
Size of House (Sqft) 住宅面積	1000 sq-ft	No. of co-workers 同事的數量	-
Salary 工資	10000 pesos (Sunday day off)		
Reason to Leave 離職原因	My contract is terminated because of employer relocation.		

Care of Babies 照顧嬰兒	Mths 月	Care of Toddler 照顧幼兒 (1-3)	3 Yrs 歲	<input checked="" type="checkbox"/>
Care of Children 照顧小孩 (4-12)	7,11 Yrs 歲	Care of Elderly 照顧長者	Yrs 歲	<input checked="" type="checkbox"/>
Care of Disabled 照顧殘疾人士	Yrs 歲	Care of Bedridden 照顧卧床人士		
Care of Pets 照顧寵物		Household Works 家務		<input checked="" type="checkbox"/>
Car Washing 洗車		Gardening 打理花園		
Cooking 烹飪	<input checked="" type="checkbox"/>	Driving 駕駛		

Other Question 其他問題		
	Yes 是	No 否
1. Do you eat pork? 你會否食豬肉?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Can you cook pork? 你會否煮豬肉?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Accept Day-off not on Sunday? 接受假日不在星期日?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Sharing a room with babies / children / elder? 你願意和小孩/嬰兒/長者同房嗎?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are you afraid of dog? 你會害怕狗?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are you afraid of cat? 你會害怕貓?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Do you smoke? 你會抽煙嗎?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Do you drink alcohol? 你會喝酒嗎?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. If your employer asked you to work on your holidays and is willing to pay compensation, are you willing to do so? 如果你的老闆要求你的假期需要工作，並願意賠償，你是否願意?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Are you willing to obey instructions given by employer?你願意遵從僱主給予的指示工作嗎?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Have you any prolonged illnesses / undergone surgery?你有任何長期的疾病/做過手術嗎? If Yes 如有:	<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。”