

BIO-DATA OF FOREIGN DOMESTIC WORKER (FDW)

*Please ensure that you run through the information within the biodata as it is an important document to assist you to select a suitable **FDW**

PROFILE OF FDW

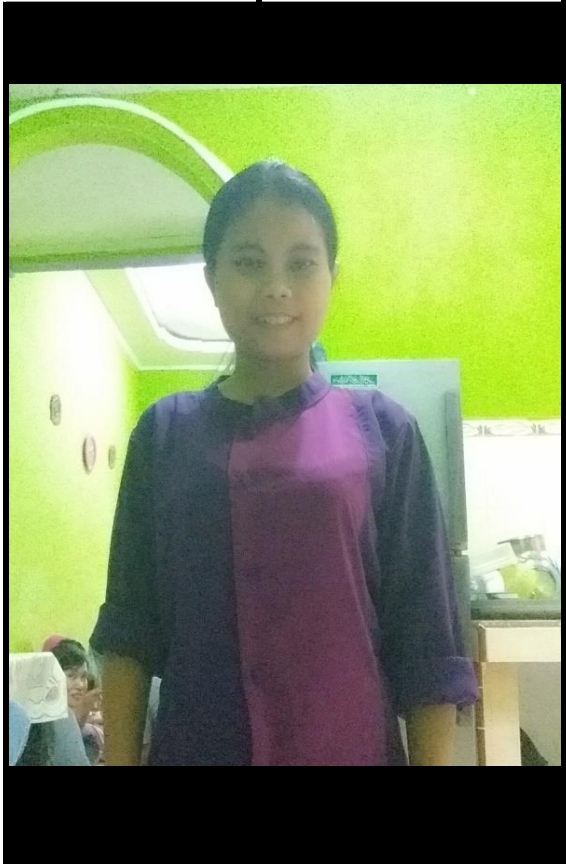
PART (1)

REF No.

I20190500021

1A- Personal Information

Name UMI SHOBIHAH	Age 32
D.O.B 13/04/1987	Nationality INDONESIAN
Religion MUSLIM	Edu. Level SMP
Height (CM) 140	Weight (KG) 40
No. of Siblings 3	Siblings SISTERS
Marital Status DIVORCED	No. of Children
Country of Birth INDONESIA	Age of Children
Residential Address CILACAP	
Port/Airport to be Repatriated BUNDANG	Contact No.



1B- Medical History/Dietary Restrictions

Allergies(if any)

YES. BALACIAN, DRIED PRAWN AND DRIED FISH.

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

	YES	NO		YES	NO
1) Mental illness		X	6) Tuberculosis		X
2) Epilepsy		X	7) Heart disease		X
3) Asthma		X	8) Malaria		X
4) Diabetes		X	9) Operations		X
5) Hypertension		X	10) Others		X
			<i>If Yes, please specify</i>		

Physical Disabilities

NO

Dietary Restrictions

PORK, BALACIAN, DRIED PRAWN AND DRIED FISH

Food Handling Restriction

YES	NO
	X

If Yes, please specify

PART (2)
REMUNERATION PACKAGE

Type	FRESH	EX-SINGAPORE	TRANSFER
		X	
Salary	650		
Rest Days	2 DAYS		
Loan	2.5 MONTHS		
Allowance	50		
Rest Days Preference	SUNDAY		
Basic Salary	600		
E.T.A	IMMEDIATE		
Remarks			

PART (3)
SKILLS EVALUATION AND INTERVIEWED BY

Interviewed by Singapore EA

1) Interviewed via telephone/teleconference

X

2) Interviewed via videoconference

X

3) Interviewed in person

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

S/No.	Work Scope	Willingness	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. if no evaluation was done) Poor → Excellent or N.A 1 2 3 4 5 N.A
1	Take Care of infants/children Specify Age Range NEWBORN ONWARD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> POOR AVERAGE EXCELLENT N.A </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> 1 2 3 4 5 N.A </div>
2	Take Care of Elderly Specify Age Range > 60	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> POOR AVERAGE EXCELLENT N.A </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> 1 2 3 4 5 N.A </div>
3	Take Care of Disabled Specify Age Range	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> </div> <div> POOR AVERAGE EXCELLENT N.A </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> </div> <div> 1 2 3 4 5 N.A </div>
4	General Housechores	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> POOR AVERAGE EXCELLENT N.A </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> 1 2 3 4 5 N.A </div>
5	Cooking Specify Cuisine CHINESE AND MALAY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<div> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> POOR AVERAGE EXCELLENT N.A </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> 1 2 3 4 5 N.A </div>
6	Language Abilities (Spoken) Specify Language ENGLISH	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> POOR AVERAGE EXCELLENT N.A </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> 1 2 3 4 5 N.A </div>
7	Other Skills Specify if any	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> POOR AVERAGE EXCELLENT N.A </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> 1 2 3 4 5 N.A </div>

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:

1) Interviewed via telephone/teleconference

2) Interviewed via videoconference

3) Interviewed in person

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

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4	General Housechores	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> POOR AVERAGE EXCELLENT N.A </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> 1 2 3 4 5 N.A </div>
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PART (4)
Employment History of the FDW

Employment History Overseas

DATE		Country (including FDW home country)	EMPLOYER	WORK ENV.	REMARKS
FROM	TO				
Nov-18	Apr-19	SINGAPORE	CHINESE	HDB	ENDED
Jan-17	Nov-18	SINGAPORE	CHINESE	HDB	FULL CONTR.
Oct-14	May-16	SINGAPORE	MALAY	HDB	TRANSFER

Employment History Singapore

Working experience in Singapore

YES

☒

NO

☐

Work Permit No: 008356432

(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)

Feedback from previous employers 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:

S/No.	Employer Name:	FEEDBACK
1		
2		
3		

AVAILABILITY OF FDW TO BE INTERVIEWED BY PROSPECTIVE EMPLOYER

1) Interviewed via telephone/teleconference

☒

2) Interviewed via videoconference

☒

3) Interviewed in person

☐

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

☐

OTHER REMARKS

