

# 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 help you select a suitable FDW

## (A) PROFILE OF FDW

### A1 Personal Information

1. Name: IDA ROSITA
2. Date of birth: 04 APRIL 1987 Age: 37 YO
3. Place of birth: KLATEN
4. Height & weight: 150 cm & 50 kg
5. Nationality: INDONESIA
6. Residential address in home country : CENTRAL JAVA
7. Name of port / airport to be repatriated to: JAKARTA / BATAM
8. Contact number in home country: \_\_\_\_\_
9. Religion: MOSLEM
10. Education level: JUNIOR HIGH SCHOOL
11. Number of siblings: 3 SHE NUMBER 3
12. Marital status: MARRIED
13. Number of children 3 CHILDREN
- Age(s) of children (if any): 20, 15 , 8 YO
- Passport Status: READY



### A2 Medical History/Dietary Restrictions

14. Allergies (if any): NONE
15. Past and existing illnesses (including chronic ailments and illnesses requiring medication):
- |                   | Yes                      | No                                  |                    | Yes                      | No                                  |
|-------------------|--------------------------|-------------------------------------|--------------------|--------------------------|-------------------------------------|
| i. Mental illness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | vi. Tuberculosis   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ii. Epilepsy      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | vii. Heart disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| iii. Asthma       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | viii. Malaria      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| iv. Diabetes      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ix. Operations     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| v. Hypertension   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | x. Others: _____   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
16. Physical disabilities: No
17. Dietary restrictions: No
18. Food handling preferences: ☐ No pork ☐ No beef ☐ others: \_\_\_\_\_

**(SHE CAN HANDLE PORK, SHE CAN NOT EAT PORK) IM AFRAID DOG**

### A3 Others

19. Preference for rest day: 1 rest day(s) per month.

20. Any other remarks: BASIC \$620 LOAN 4MONTH

### **(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 center
- /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<br>Yes/No | Experience<br>Yes/No<br>If yes, state<br>the no. of<br>years | Assessment/Observation<br>Please state qualitative observations of FDW and/or rate the<br>FDW (indicate N.A. if no evaluation was done)<br>Poor .....Excellent...N.A<br>1 2 3 4 5 N.A |
|------|-------------------------------------------------------|-----------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.   | Care of infants/children<br>Please specify age range: | YES                   | YES                                                          | CAN TAKE CARE CHILDREN                                                                                                                                                                |
| 2.   | Care of elderly                                       | YES                   | YES                                                          | CAN TAKE CARE ELDERLY                                                                                                                                                                 |
| 3.   | Care of disabled                                      | YES                   | YES                                                          | CAN NOT TAKE CARE DISABLED                                                                                                                                                            |
| 4.   | General housework                                     | YES                   | YES                                                          | I DO A WORKING IN THE HOUSE, COOKING, WASHING<br>CLOTHES, IRONING, MOPING, AND GENERAL HOUSE KEEPING                                                                                  |
| 5.   | Cooking<br>Please specify cuisines:                   | YES                   | YES                                                          | I CAN COOK INDONESIAN FOOD, MALAY FOOD                                                                                                                                                |
| 6.   | Language abilities (spoken)<br>Please specify:        | YES                   | YES                                                          | I CAN SPEAK MALAY                                                                                                                                                                     |
| 7.   | Other skills, if any<br>Please specify:               | YES                   | YES                                                          | I CAN WASHING CLOTHES WITH HAND OR MACHINE                                                                                                                                            |

- Interviewed by overseas training center / EA(Please state name of foreign training center / 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<br>Yes/No | Experience<br>Yes/No<br>If yes, state<br>the no. of<br>years | Assessment/Observation<br>Please state qualitative observations of FDW and/or rate the<br>FDW (indicate N.A. if no evaluation was done)<br>Poor .....Excellent...N.A<br>1 2 3 4 5 N.A |
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| 4.   | General housework                                     |                       |                                                              |                                                                                                                                                                                       |
| 5.   | Cooking<br>Please specify cuisines:                   |                       |                                                              |                                                                                                                                                                                       |
| 6.   | Language abilities (spoken)<br>Please specify:        |                       |                                                              |                                                                                                                                                                                       |
| 7.   | Other skills, if any<br>Please specify:               |                       |                                                              |                                                                                                                                                                                       |

### **(C) EMPLOYMENT HISTORY OF THE FDW**

#### **C1 Employment History Overseas**

| Date |      | Country<br>(Including<br>FDW's home<br>country) | Employer     | Work Duties                                                                                                            | Remarks |
|------|------|-------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------|---------|
| From | To   |                                                 |              |                                                                                                                        |         |
| 2022 | 2024 | SINGAPORE                                       | MALAY FAMILY | TAKE CARE ELDERLY STROKE, CHANGE DIAPERS, AND HELP SHOWER, DOMESTIC HELPER, MARKETING AND COOKING, 5 PEOPLE HDB HOUSE. |         |
|      |      |                                                 |              |                                                                                                                        |         |

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## C2 Employment History in Singapore

Previous working experience in Singapore

Yes ☒

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 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:

|            | 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  
☐ FDW can be interviewed by video-conference  
☐ FDW can be interviewed in person

## (E) OTHER REMARKS

FDW Name and Signature

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:

EA Personnel Name and Registration Number

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 (in Person/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.