

Name/姓名: JANET L DE LEON

Ref. No.: PISCO-PAM-00001297

(Overseas Experience) 海外經驗

HongKong (2023 - 2025) - I DO ALL THE MAIN HOUSEHOLD CHORES LIKE COOKING, BAKING, IRONING, AND WASHING THE CLOTHES BY HAND. I ALSO TAKE CARE OF A CHILD, WHICH INCLUDES TAKING THEM TO AND FROM SCHOOL AND TUTORING THEM WITH THEIR LESSONS. I ALSO DO THE GROCERY SHOPPING AT THE MARKET AND WASH THE FAMILY CAR.

Taiwan (2011 - 2014) - MY MAIN RESPONSIBILITY IS TO CARE FOR A 98 YEARS OLD ELDER, CLEAN AND MAINTAIN THE HOUSE, PREPARE MEALS, WASH THE FAMILY CAR, AND DO THE LAUNDRY.

Philippines (0000 - 0000) -

Passport Expiration Date

:Mar 23, 2033

Personal Data 個人資料

Date of Birth/Age / 出生日期/年齡

:Jan 26, 1984 / 41

Religion / 宗教

:Christianity - Others

Marital Status 婚姻狀況

:Single

How Many Kids (Boy/Girl)

:2

Education / 教育

:Bachelor's / College Degree


CONTACT NUMBER

:

Preference

Baby Care / 照顧嬰兒 ANY AGE Months
 Child Care / 照顧兒童 ANY AGE Yrs. Old
 Elderly Care / 照顧老人 ANY AGE Yrs. Old
 Take Care Disable / 照顧殘疾人士 ANY AGE Yrs. Old

| | | | |
|---------------|-------------------------------------|-------------------------------------|---------------|
| Language / 語言 | 般 / Fair | 好 / Good | 讚 / Excellent |
| English | _____ | <input checked="" type="checkbox"/> | _____ |
| Mandarin | <input checked="" type="checkbox"/> | _____ | _____ |
| Cantonese | _____ | _____ | _____ |

Cooking / 烹飪 般 / Fair 好 / Good 讚 / Excellent
Chinese Food _____ _____
Making Soup _____ _____
Western Food _____ _____

Family Background / 工人家庭背景

Father/Mother Name

/

Number of Brother/Sister

1

Phil. Address

BONIFACIO SUR LLANERA Nueva
Ecija Philippines

Remark/備註

Height/身高: 5'4 CM

Weight/體重: 55 KG

DO YOU HAVE ANY SERIOUS SICKNESS BEFORE?

| | | |
|--------------|------------------------------|--|
| MENTAL | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| HIGH BLOOD | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| LUNG DISEASE | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| SKIN ALLERGY | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

DO YOU SMOKE? Yes No

DO YOU HAVE TATTOO? Yes No

Do you have any surgery/operation done to you in the past years?

 Yes No

If yes. What part of the body? _____

Where you confined to the hospital due to mental disorder but was

discharge and given a clearance that you are fit to work? Yes

 No