

Name/姓名: MITCHICA BAGGAY MANGWAG Ref. No.: PISCO-ISA-00001018

(Overseas Experience) 海外經驗

Jordan (2017 - 2025) - I WORKED AS DOMESTIC HELPER IN JORDAN, I FINISHED MY CONTRACT, I SERVED 6 MEMBERS OF THE FAMILY, 4 ADULTS & 2 CHILDREN AGES NEW BORN & 5 YRS. OLD, I PREPARE FOOD FOR THE FAMILY, I TAKE GOOD CARE OF THE CHILDREN, I TAKE THEM A BATH, I DO ALL HOUSEHOLD CHORES LIKE CLEANING, COOKING WASHING, LAUNDRY & IRONING.

HongKong (2015 - 2017) - I WORKED AS DOMESTIC HELPER IN HONGKONG, I FINISHED MY CONTRACT, I SERVED 4 MEMBERS OF THE FAMILY, 1 COUPLE & 2 CHILDREN AGES NEW BORN & 7 YRS. OLD, I PREPARE FOOD FOR THE FAMILY, I TAKE GOOD CARE OF THE CHILDREN, I TAKE THEM A BATH, I ALSO DO ALL HOUSEHOLD CHORES LIKE CLEANING, COOKING, WASHING, LAUNDRY & IRONING, I GO FOR MARKETING.

Kuwait (2011 - 2013) - I WORKED AS DOMESTIC HELPER IN KUWAIT, I FINISHED MY CONTRACT, I SERVED 5 MEMBERS OF THE FAMILY, 1 COUPLE ELDERLY AGES 65 & 55 YRS. OLD & 3 ADULT CHILDREN, I TAKE GOOD CARE OF THE 2 ELDERLY, I PREPARE FOOD FOR THE FAMILY, I ACCOMPANY ELDERLY IN GOING TO HOSPITAL FOR CHECK UP, I DO ALL HOUSEHOLD CHORES LIKE CLEANING, COOKING, WASHING, LAUNDRY & IRONING.

Passport Expiration Date :Dec 17, 2031

Personal Data 個人資料

Date of Birth/Age / 出生日期/年齡 :Jan 02, 1989 / 36

Religion / 宗教 :Christianity - Catholic

Preference

☒ Baby Care / 照顧嬰兒 ____0-12____ Months

☒ Child Care / 照顧兒童 ____1-12____ Yrs. Old

☒ Elderly Care / 照顧老人 ____65____ Yrs. Old

____ Take Care Disable / 照顧殘疾人士 _____ Yrs. Old

Marital Status 婚姻狀況

:

How Many Kids (Boy/Girl)

:0

Education / 教育

:Bachelor's / College Degree



Language / 語言

般 / Fair

好 / Good

讚 / Excellent

English

__✓__

Mandarin

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

BEN BALI MANGWAG/RITA MANGWAG

Number of Brother/Sister

8

Phil. Address

AMMACIAN PINUKPUK Kalinga

Philippines

Remark/備註

Height/身高: __160__ CM

Weight/體重: __60__ KG

DO YOU HAVE ANY SERIOUS SICKNESS BEFORE?

MENTAL

____Yes

__✓__No

HIGH BLOOD

____Yes

__✓__No

LUNG DISEASE

____Yes

__✓__No

SKIN ALLERGY

____Yes

__✓__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

CONTACT NUMBER : _____

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? ____ Ye:✓ _
_ No