

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

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

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

 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

English

般 / Fair

好 / Good

讚 / Excellent

Mandarin

✓

Cantonese

Cooking / 烹飪

Chinese Food

般 / Fair

好 / Good

讚 / Excellent

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? ___ Yes ___

___ No