



# **RESUME OF CABIN CREW**

(Applied position: ☐ Cabin Manager ☐ Experienced Cabin Crew ☐ Cabin Crew)

1.	Full Name	:	YURIKA MANABAT SUGIMOTO		
2.	Date of birth	:	JUNE 27, 1999		
3.	Gender	:	FEMALE		
4.	Marital Status	:	☐ Single ☐ Married ☐ Divorced		
5.	ID/Passport Number	:			
6.	Nationality	:	FILIPINO		
7.	Religion	:	ROMAN CATHOLIC		
8.	Mobile number	:	+63 999 709 1230		
9.	Email Address	:	yurisugimoto26@gmail.com		
10.	Skype ID	:	live:.cid.6e361a7a35f6b070		
11.	Home Address	:	#04 Gomez Extension, Barangay Don Mariano Perez, Bayombong, Nueva Vizcaya, Philippines, 3700		

### PART I - WORKING EXPERIENCE

No.	Organization	Position	Period		Note	
			(dd/mm/yyyy)		(For experienced cabin	
			From		crew, please kindly state your last on duty date and total flight hours in previous airlines if any)	
1.						
2.						
3.						
4.						
5.						

## PART II - EDUCATION RECORDS

No.	Degree/Diploma	Training Organization	Location	Period (dd/mm/yyyy)		
	Certificate			From	То	
1.	Bachelor of Science in International Hospitality and Tourism Management w/ specialization in International Tourism	University of Baguio	Baguio City, Benguet, PH	August 2018	29 June 2022	
2.	Senior High School Diploma - Accountancy, Business and Management Strand	Saint Mary's University Senior High School	Bayombong , Nueva Vizcaya, PH	August 2016	June 2018	
3.	Junior High School Diploma	Saint Mary's University High School and Science Highschool	Bayombong , Nueva Vizcaya, PH	June 2012	March 2016	

	Elementary Diploma		Mary's University School Department		Bayombong , Nueva Vizcaya, PH	June 2006		March 2012
5.								
PAR	Γ III – CURRENT VALID QUA	ALIFICATI	ONS	(for Experience	d Cabin Crew o	nly)	1	
No.	Qualifications			Content	Date of issu	ie	Date o	f expiration
1.								
2.								
3.								
4.								
5.								
PART	Γ IV – PROFICIENCY OF FO	REIGN LAN	NGU	AGE				
No.	Foreign language	Tra	inin	g Organization	Level		Dat	e of issue
1.	Basic Nihongo	JF e-Le	arni	ing Minato				
2.	Basic Mandarin	Univer	sity	of Baguio				
3.								
PAR	Γ V – MEDICAL INFORMATI	ON						
1.	Height	ON	:					
1.	Height Weight	ON	:					
1.	Height Weight BMI Index Are you taking any medica		+	No				
1. 2. 3.	Height Weight BMI Index Are you taking any medica (If YES please state)	tion now	:	No October 15, 202	1			
1. 2. 3. 4.	Height Weight BMI Index Are you taking any medica	tion now	:		1			
1. 2. 3. 4.	Height Weight BMI Index Are you taking any medica (If YES please state) When did you get the 1st do	tion now ose? me?	:	October 15, 202				
1. 2. 3. 4.	Height Weight BMI Index Are you taking any medica (If YES please state) When did you get the 1st do What was the vaccine's na	tion now ose? me? ose?	: : : : : : : : : : : : : : : : : : : :	October 15, 202 Sinovac				
1. 2. 3. 4.	Height Weight BMI Index Are you taking any medica (If YES please state) When did you get the 1st do What was the vaccine's na When did you get the 2st do	tion now ose? me? ose? me?	: : : : : : : : : : : : : : : : : : : :	October 15, 202 Sinovac November 11, 2				
1. 2. 3. 4. 5.	Height  Weight  BMI Index  Are you taking any medica (If YES please state)  When did you get the 1st do What was the vaccine's na When did you get the 2st do What was the vaccine's na	tion now ose? me? ose? me? ose?	: : : : : : : : : : : : : : : : : : : :	October 15, 202 Sinovac November 11, 2				
1. 2. 3. 4. 5.	Height  Weight  BMI Index  Are you taking any medica (If YES please state)  When did you get the 1st do What was the vaccine's na  When did you get the 2st do What was the vaccine's na  When did you get the 3st do What was the vaccine's na  Did you have any surgery	tion now ose? me? ose? me? ose? me? ose?	: : : : : : : : : : : : : : : : : : : :	October 15, 202 Sinovac November 11, 2				
1. 2. 3. 4. 5. 6. 7. 8. 9.	Height  Weight  BMI Index  Are you taking any medica (If YES please state)  When did you get the 1st do What was the vaccine's na When did you get the 2st do What was the vaccine's na When did you get the 3st do What was the vaccine's na Did you have any surgery Do you have any infectious diseases?	tion now ose? me? ose? me? ose? me? ose?	: : : : : : : : : : : : : : : : : : : :	October 15, 202 Sinovac November 11, 2 Sinovac  No No				
1. 2. 3. 4. 5. 6. 7.	Height  Weight  BMI Index  Are you taking any medica (If YES please state)  When did you get the 1st do  What was the vaccine's na  When did you get the 2st do  What was the vaccine's na  When did you get the 3st do  What was the vaccine's na  Did you have any surgery loog you have any infectious	tion now ose? me? ose? me? ose? me? ose?	: : : : : : : : : : : : : : : : : : : :	October 15, 202 Sinovac November 11, 2 Sinovac				
1. 2. 3. 4. 5. 6. 7. 10.	Height  Weight  BMI Index  Are you taking any medica (If YES please state)  When did you get the 1st do What was the vaccine's na  When did you get the 2st do What was the vaccine's na  When did you get the 3st do What was the vaccine's na  Did you have any surgery to you have any infectious diseases?  Are you taking any medical	tion now ose? me? ose? me? ose? me? ose?		October 15, 202 Sinovac November 11, 2 Sinovac  No No				
1. 2. 3. 4. 5. 6. 7. 10.	Height  Weight  BMI Index  Are you taking any medica (If YES please state)  When did you get the 1st do What was the vaccine's na When did you get the 2st do What was the vaccine's na When did you get the 3st do What was the vaccine's na Did you have any surgery Do you have any surgery Do you have any infectious diseases?  Are you taking any medica (If YES please state)	tion now ose? me? ose? me? ose? me? ose?		October 15, 202 Sinovac November 11, 2 Sinovac  No No				
1. 2. 3. 4. 5. 6. 7.  8. 9.	Height  Weight  BMI Index  Are you taking any medica (If YES please state)  When did you get the 1st do What was the vaccine's na When did you get the 2st do What was the vaccine's na When did you get the 3st do What was the vaccine's na Did you have any surgery Do you have any surgery Do you have any infectious diseases?  Are you taking any medica (If YES please state)	tion now ose? me? ose? me? ose? me? ose? tion now		October 15, 202 Sinovac November 11, 2 Sinovac  No No	021			

I hereby assure the accuracy, fidelity of and bear all responsibilities in relation to above content.

### Declarant

## Yurika M. Sugimoto

(Signature & full name)