

Labour Express Employment Agency Pte Ltd (13C6536)

Job Scope

- Employer / FDW Data Sheet -

Offer of Employment made to : (Name of FDW)			
Employer's Family Particular			
Employers' Name		Spouse Name	
Xia Yuyao		Sir	
List other members of the household. For children list age & state whether son or daughter in the relationship column.			
Relationship	Age	Relationship	Age
Son	12		
Son	7		
Type of Dwelling - FDW's Place of work			
<input type="checkbox"/> Landed Bungalow	<input checked="" type="checkbox"/> Condominium	<input type="checkbox"/> HDB _____-Room Flat (Specify no. of room)	
<input type="checkbox"/> Landed Semi-Detached	<input type="checkbox"/> Private Apartment		
<input type="checkbox"/> Landed Terrace House	<input type="checkbox"/> HDB 5-room or larger	<input type="checkbox"/> Other _____ state	
For Dwelling, please provide the following information:			
Please state below no. of storey (for landed property) or floor level (for high-rise)	Please state below number of bedrooms in the house / flat	Please state below, number of wash rooms in the house / flat	
2 storey	4	5	
Are employer & spouse residing in the above described dwelling?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties of the Domestic Worker. Tick where applicable			
<input checked="" type="checkbox"/> Cooking	<input checked="" type="checkbox"/> Laundry (machine wash) <i>hand wash</i>	<input checked="" type="checkbox"/> Marketing	
<input checked="" type="checkbox"/> Cleaning / Tidying	<input checked="" type="checkbox"/> Gardening	<input type="checkbox"/> Caring for Baby	
<input type="checkbox"/> Tending to Elderly Person	<input type="checkbox"/> Tending to Chronically ill	<input checked="" type="checkbox"/> Minding Children	
<input checked="" type="checkbox"/> Fetching children to/from school or lessons	<input checked="" type="checkbox"/> Other please state below <i>ironing</i>	<input checked="" type="checkbox"/> Other please state below <i>car wash x 2</i>	
Essential FDW's Terms of Employment			
Monthly Salary (inclusive of full board & lodging)	S\$	Off days per month during probation	01 + (\$25 x 3
		Off days per month after probation	01 + (\$25 x 3
Special Requirement/ Request by Employer (special care of elderly, chronically ill relative, etc):			
• cat x 01			
• Personal hygiene, he only night time			
• share a room with 1 child.			

X

Employer's Signature

FDW's Signature