JOB OFFER MEMO

To: NURUL MALUFAH			SA No.:	C-1P23030013	
Fr Branch: Tai Po			Sales :	SUSANA CHAN	
Please Inform that this applica	ant has been hire	d and detail infor	mation of employment	as follows :	
Date of Hiring:			Expect to HK:	50 To 1970 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name of any limiting a	023-03-28		Local agt ref no.: (^T	 1757)
	JURUL MALUFAH ,730.00		. Local age for non (
)Fix Weekday . (☑Arrange by Employe	er , (📂)Money in	n stead day of
A) EMPLOYRE'S INFORMATION	1.20 25 15 120	,, , , ,	, , , , , ,		SANCHER GER CORNELS AND SANCE OF 10 CORNE
Name of Francisco			T - (- 1 A	J	wwi
Name of Employer: No. of Adults:	CHUI WAN		lotal iv	/lembers:	— ррі
No. of Children :		ων 5 \ 1 (Δα	ed between 5 - 18)		
No. of Expecting Baby :	(Aged belo	W 5)(Ag	ed between 5 - 10)		
No. of Constant Care :	No	o.of Elderly: 0			
	1 Own Room		1		
House Area:		n <u>3</u> Room			
B) DOMESTIC DUTIES (The fo	llowing duties ar	e the common ta	sks that helpers will p	erform)	
V General Household			thes by Hand/Machines		
V Cooking	100	V Regular mark	keting		
Accompany kids to and from	school	V Gardening	4 IZ!-1-		
V Car washing		Taking care		=	
Taking cares of Pets		V Learning Care	of Sickness and Disable	8	
V Ironing		Learning Car	itoriese		
Others (please specify):					
C) CHARACTER REQUESTS (Please tick the ar	nronriate hoxes)			
v sincerely love all of the family		V Do not be stu			
V Be an obedient helper	,	V Do not argue			
V accept life as a housemaid		V Be a nice ger	ntle and honest person		
V Do not give personal problems to employer		V Don't open the door for strangers and your friends			
V Do not use the telephone or r	nobile phone	V Be easy to te	ach		
D) ODEOLAL DEOLECT / FDOA	I EMPLOYED .				
D) SPECIAL REQUEST / FROM1)Holiday is arrange by employer		van amplayar will	components with mone	W/	
2)Helper MUST NOT make person	onal phone calls or	text msgs during	working hours.		
3)Helper MUST NOT disclose en	nployer's privacy in	nclude address & c	contact numbers to frien	ds or neighbours	Ž
4)Helper MUST NOT borrow mor	ney from any finan	cial company or pe	eople.		
5) 6)				15	
7)					
8)					
Please Provide the following de					
Full residence address :					
Emergency contact Person nan	ne & Relationship	·:	contact r	iumber :	
Mother Name:		Husband Name: _		Tel:	
By signing below I consent that I					
				- CE	
			100		
Confirmed by Halisar	Confirm	ed by Employer	Company Chop	1	
Confirmed by Helper	Committee	od by Employer	Joinpany Onop	2	