

Labour Express Employment Agency Pte Ltd (13C6536)

Job Scope
- Employer / FDW Data Sheet -

Offer of Employment made to: (Name of FDW)		Sulimah	
Employer's Family Profile			
Employer's Name		Spouse Name	
KOK Kwai			
List other members of the household. For children list age & state whether son or daughter in the relationship column.			
Relationship	Age	Relationship	Age
Son	76	Grand Son	12
daughter in law	40		
Grand Son	14		
Type of Dwelling - FDW's Place of work			
<input type="checkbox"/> Landed Bungalow	<input type="checkbox"/> Condominium	<input checked="" type="checkbox"/> HDB 4 -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	
	3	2	
Are employer & spouse residing in the above described dwelling?		<input checked="" 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 (hand wash) <i>hand wash</i>	<input checked="" type="checkbox"/> Marketing	
<input checked="" type="checkbox"/> Cleaning / Tidying	<input type="checkbox"/> Gardening	<input type="checkbox"/> Caring for Baby	
<input checked="" type="checkbox"/> Tending to Elderly Person	<input type="checkbox"/> Tending to Chronically ill	<input type="checkbox"/> Minding Children	
<input type="checkbox"/> Fetching children to/from school or lessons	<input checked="" type="checkbox"/> Other please state below <i>ironing</i>	<input type="checkbox"/> Other please state below	
Essential FDW's Terms of Employment			
Monthly Salary (inclusive of full board & lodging)	S 650.00	Off days per month during probation	One + \$25/day
		Off days per month after probation	One + \$25/day
Special Requirements/Requests by Employer (special care for elderly, chronically ill relative, etc):			
sharing room with ah mah			

KOK
Employer's Signature

Sulimah
FDW's Signature

4-5-2023

Authorization Form (FDW)

I, SULIMAH (name of FDW),

_____ (Passport/WP/FIN number),

hereby authorize my employment agency Labour Express Employment Agency

Pte Ltd License No 13C6536 to submit my Work Pass Transaction and/or

Embassy Contract.

Signature of FDW : [Signature]

Name of FDW : SULIMAH

Date : 4-5-2023