JOB OFFER MEMO

To: SITI MUJIROTUN			SA No.:	C-TW23010020)
Fr Branch: _Tsuen Wan			Sales :	Jessica Yang	
Please Inform that this appl	icant has been hir	red and detail inform	nation of employmer	nt as follows :	
Date of Hiring:	2023-01-30		Expect to HK:		
Name of applications :	SITI MUJIROTUN		Local agt ref no.: (K4135)
Monthly Salary:	4,730.00		,		
)Every Sunday , ()Fix Weekday , (\	/)Arrange by Employ	er , (V)Money	in stead day of
A) EMPLOYRE'S INFORMA					
Name of Employer:	WONG CHILVIEN		Total	Members:	nnl
No. of Adults :	WONG SHU YUEN		Total	Members,	ppl
No. of Children :	1 (Aged be	elow 5) 1 (Age	d between 5 - 18)		
No. of Expecting Baby :	1 (7.1900.00	// / / / / / / / / / / / / / / / / / /	a bottoon o 10 /		
No. of Constant Care :		No.of Elderly:0			
Sleeping Arrangment:	[] Own Room	[V] Sharing with	other helper		
5°	1800 Sq feet wi				
B) DOMESTIC DUTIES (The	following duties a	E CONTRACTOR OF THE CONTRACTOR			
V General Household			nes by Hand/Machines	3	
V Cooking V Accompany kids to and from	am achaal	V Regular marke	eting		
V Accompany kids to and fro	JIII SCHOOL	V Gardening V Taking care of	f Kide		
Taking cares of Pets			Sickness and Disable	e	
V Ironing		V Learning Cant		-	
Others (planes area;6.)	av mades a	V > Cl	ب للم يان ما	Labor	
Others (please specify) :	w washing	N 2 , Shave	JOD WITH OTHER	Melber	
C) CHARACTER REQUESTS	(Please tick the	appropriate boxes)			
v sincerely love all of the fan	nily members	V Do not be stub	born		
V Be an obedient helper		V Do not argue v			
V accept life as a housemaid	Y	171	le and honest person		
V Do not give personal proble			door for strangers ar	id your friends	
V Do not use the telephone of	r mobile priorie	be easy to tea	Cri		
D) SPECIAL REQUEST / FRO	OM EMPLOYER :				
1)Holiday is arrange by employ		given, employer will o	compensate with mon	ey.	
2)Helper MUST NOT make pe	rsonal phone calls	or text msgs during w	vorking hours.	*** * ****	
3)Helper MUST NOT disclose 4)Helper MUST NOT borrow m				nds or neighbours	í.
5)	ioney ironi any ima	ancial company of pec	opie.		
6)					
7)					
8)	L 1 - 11 10 1	T 10:1-1D	· /D · · · · ·		
Please Provide the following					
Full residence address : _			·		
<u></u>					
Emergency contact Person n					
Mother Name:					
By signing below I consent that	t I fully understand	and accept the above	e job details and cond	itions.	

Confirmed by Employer

Confirmed by Helper

Company Chop