JOB OFFER MEMO

To: IGA ANDARISTA			SA No.:	C-TP23020004	
Fr Branch: Tai Po			Sales:	SUSANA CHAN	
Please Inform that this ap	policant has been hired	and detail informatio	n of employmen	t as follows :	
Date of Hiring:			Expect to HK:		
Name of applications :	2023-02-09	Loc	cal agt ref no.: ()
Monthly Salary :	IGA ANDARISTA 4,730.00		our age for from (<i>x</i> .
	(✓)Every Sunday , ()F		range by Employ	er , ()Money in	stead day o
A) EMPLOYRE'S INFORM		, , ,			•
Name of Employer:			T-4-11	Manahaman A	mml
No. of Adults:	WU YING LUNG		rotari	Members: 4	ppl
No. of Children:	2 (Aged below	5) 1 (Aged be	etween 5 - 18 \		
No. of Expecting Baby :	(/ rigida bolow	0)_1(/\documents	stwoon o no ,		
No. of Constant Care :	No.o	of Elderly: 0			
Sleeping Arrangment:	Own Room	[] Sharing with	7YRS.O	L GIRL	
House Area :		3Room			
B) DOMESTIC DUTIES (T	he following duties are t				
V General Household V Cooking	\frac{1}{1}	Washing Clothes b Regular marketing		•	
V Accompany kids to and	from school	Gardening	8		
7 Car washing		☐ Gardening ✓ Taking care of Kids	S		
V Taking cares of Pets	F	Taking care of Sick		3	
V Ironing	<u> </u>	Learning Cantone			
Others (please specify):	Pot care 2 cat	<u> </u>			
Others (please specify).	101 00110 2 0 1				
C) CHARACTER REQUES	TS (Please tick the appr				
v sincerely love all of the f		Do not be stubborn			
V Be an obedient helper	<u>\\</u>				
V accept life as a houseman			1970	-1 L	
V Do not give personal pro	350 S	A STATE OF THE PARTY OF THE PAR	r for strangers an	a your trienas	
V Do not use the telephone	e or mobile phone	Be easy to teach			
D) SPECIAL REQUEST / F	ROM EMPLOYER:				
1)Holiday is arrange by emp				∍у.	
2)Helper MUST NOT make 3)Helper MUST NOT disclose	personal phone calls or te	ext msgs during workii	ng hours. et numbers to frier	nds or neighbours	
4)Helper MUST NOT borrow	money from any financia	al company or people.		ids of fleighbours.	
5) Grandmas will come	for a visit				
6)					
7) 8)					
Please Provide the following	ng details as (Barangay	/Town/City/Province	/Region)		
Full residence address :					
Emergency contact Person	name & Relationship :		contact	number :	
Mother Name:					
By signing below I consent the					
			Calcal		
				HORO	
Confirmed by Helper	Confirmed	by Employer	Company Cho	0	