

# Labour Express Employment Agency Pte Ltd (13C6536)

## Job Scope - Employer / FDW Data Sheet -

Offer of the Employment made to : (Name of FDW)		Septiani Novita	
Employer's Family Particular			
Employer's Name		Spouse Name	
Aw Hum Cheoy		Neo Hong Moo	
List other members of the household. For children list age & state whether son or daughter in the relationship column.			
Relationship	Age	Relationship	Age
Daughter			
Grandchild	New Born		
Type of Dwelling - FDW's Place of work			
<input type="checkbox"/> Landed Bungalow	<input type="checkbox"/> Condominium	<input type="checkbox"/> HDB _____ - Room Flat	
<input type="checkbox"/> Landed Semi-Detached	<input type="checkbox"/> Private Apartment	(Specify no. of room)	
<input type="checkbox"/> Landed Terrace House	<input type="checkbox"/> HDB 5-room or larger	<input type="checkbox"/> Other _____	
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	
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 (hand wash & machine wash)	<input checked="" type="checkbox"/> Marketing	
<input checked="" type="checkbox"/> Cleaning / Tidying	<input checked="" type="checkbox"/> Gardening	<input checked="" type="checkbox"/> Caring for Baby	
<input checked="" type="checkbox"/> Tending of 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 Ironing	<input type="checkbox"/> Other please state below _____	
Essential FDW's Terms of Employment			
Monthly Salary (inclusive of full board & lodging)	S\$ 550	Off days per month during probation	+ \$21.50 / day
		Off days per month after probation	+ \$21.50 / day
Special Requirement / Request by Employer (special care of elderly, chronically ill relative, etc):			

X Aw

Employer's Signature

FDW's Signature