

Labour Express Employment Agency Pte Ltd (13C6536)

Job Scope - Employer / FDW Data Sheet -

Offer of the Employment made to : (Name of FDW)	Siti Rofaatun
Employer's Family Particular	
Employer's Name	Spouse Name
Mok Wai Lan	

List other members of the household. For children list age & state whether son or daughter in the relationship column.

Relationship	Age	Relationship	Age
FATHER	82		

Type of Dwelling - FDW's Place of work

<input type="checkbox"/> Landed Bungalow	<input type="checkbox"/> Condominium	<input type="checkbox"/> HDB <u>4</u> - 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 _____

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 <u>3</u>	Please state below, number of wash rooms in the house / flat <u>2</u>

Are employer & spouse residing in the above described dwelling?

☒ Yes
☐ No

Duties of the Domestic Worker. Tick where applicable

<input checked="" type="checkbox"/> Cooking	<input checked="" type="checkbox"/> Laundry (machine wash)	<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 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 <u>Ironing</u>	<input type="checkbox"/> Other please state below _____

Essential FDW's Terms of Employment

Monthly Salary (inclusive of full board & lodging)	S\$ <u>650</u>	Off days per month during probation	<u>\$25/day if no off</u>
		Off days per month after probation	

Special Requirement / Request by Employer (special care of elderly, chronically ill relative, etc):

ACCOMPANYING ELDERLY TO PLACES HE VISIT TO GO
WALKING OF ELDERLY IN NEIGHBOURHOOD

Lee

Employer's Signature

Siti Rofaatun *Sul* 26-04-2023
FDW's Signature

Authorization Form (FDW)

I, Siti Rofaatun (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 by FDW : Sariel
Name of FDW : Siti Rofaatun
Date : 26-04-2023