

JOB OFFER MEMO

Date	
Purpose of application	<input type="checkbox"/> Babysitting <input type="checkbox"/> Applied for the old age or health problem <input type="checkbox"/> Others : _____
Maid category required by employer	Age ____ to ____ <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married

A) Employer' Information

Employer Name			
I/C No		Religion	
Race		Occupation	
Tel (H)		Mobile	
Wife Name :			
I/C No		Religion	
Race		Occupation	
Tel (H)		Mobile	
No. of Children		Age	
No. of Adults		Age	
Description of House	<input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Single Storey <input type="checkbox"/> Double Storey <input type="checkbox"/> Semi-Detached House <input type="checkbox"/> Banglo <input type="checkbox"/> Others : _____		
Sleeping Arrangement	<input type="checkbox"/> Own Room <input type="checkbox"/> Sharing		
House Address			

B) Domestic Duties (Please tick which is appropriate)

1) Housework	<input type="checkbox"/> Cleaning <input type="checkbox"/> Washing <input type="checkbox"/> Ironing		
2) Cooking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> Just need to assist		
3) Child care	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many children, and their ages : _____		
4) Care for Elderly / Sick	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, person ages : ____ (Bedridden : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		
5) Care for Animal	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what animal _____ and how many _____		

C) Special Requests from Employer

D) Disclamation

I, as named above and as the employer, to apply for a housemaid through confirmed that the above information is true and correct

Thank you.

Signature : _____

Date : _____