

JOB OFFER

Offer of Employment made to: (Name of MDW)				Nationality	
				Religion	
Passport No. (If any)		Age		Place of Birth	
FIN No. (If any)		Gender			

Employer's Family Profile						
Employer Name			Ethnic Group		Dietary Restrictions	
<input type="checkbox"/> Bungalow <input type="checkbox"/> Condominium <input type="checkbox"/> Private Apartment <input type="checkbox"/> Landed Semi D <input type="checkbox"/> Landed Terrace			<input type="checkbox"/> Levels <input type="checkbox"/> Bedrooms <input type="checkbox"/> Toilets			
<input type="checkbox"/> HDB () Type <input type="checkbox"/> HDB Maisonette <input type="checkbox"/> HDB Executive <input type="checkbox"/> Others						

Total Family Members Residing				Type of Care Needed			
Adult		Infant	Children	Elderly	<input type="checkbox"/> Mobile	<input type="checkbox"/> Immobile	<input type="checkbox"/> Special Needs
Male					<input type="checkbox"/> Dementia <input type="checkbox"/> Stroke <input type="checkbox"/> Bedridden <input type="checkbox"/> Wheelchair Bound		
Female					<input type="checkbox"/> Others: _____		
Newborn Delivery Date			Care Recipient Name / NRIC				

<input type="checkbox"/> General Housework <input type="checkbox"/> Laundry (Handwash) <input type="checkbox"/> Laundry (Machine Wash) <input type="checkbox"/> Gardening		<input type="checkbox"/> Infant Care <input type="checkbox"/> Toddler Care <input type="checkbox"/> Night Feeding Freq: _____ <input type="checkbox"/> Child Care		<input type="checkbox"/> Marketing <input type="checkbox"/> Carwash No of Cars: _____		<input type="checkbox"/> Pet Care: No: _____ Type: _____ Size: _____		<input type="checkbox"/> Cooking Specify Special Requirements:	
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Essential MDW's Terms of Employment						
Basic Salary (\$\$)		Off-day Compensation (\$\$)		No. of Rest Day	Gross Salary (\$\$)	
*Payment of any and/or all salaries and/or compensation shall be paid no later than 7 days after the last day of the salary period.						
Resting Arrangement: <input type="checkbox"/> Own Room <input type="checkbox"/> Share Room with _____ child/children/care recipient (Male or Female) <input type="checkbox"/> Common Area with Privacy: _____ Resting hours: _____ Rest Day Arrangement (Day / Time): _____				Handphone Usage: _____ Religious Practice: _____		
Additional Duties (caregiving arrangement):						

Declaration by Migrant Domestic Worker	
I, the undersigned applicant, read and understand the above job offer. I hereby authorize my agency to perform all necessary transactions with Ministry of Manpower (MOM) on my behalf.	
Name of MDW (Applicant)	Passport Number (If any)
Signature of MDW and Date	

Confirmation by Employer		
I, the employer, confirm my hiring of _____ as my Migrant Domestic Worker.		
I authorise _____ to perform all necessary transactions with Ministry of Manpower on my behalf and submit application * at the earliest possible date or a preferred date: _____ *Delete where inapplicable		
Name of Employer		NRIC / FIN
Signature of Employer and Date		

*All information provided by any party must be accurate, failing to disclose any material information may result in the forfeiture of any refund of fees paid to the Agency and may attract liability in the event of any breach for which the breaching party shall fully indemnify the Agency against any and/or all costs incurred by the Agency and/or penalties imposed on the Agency by any authorities in Singapore.