

Resource Academy Pte Ltd

License No: 04C3814

JOB SCOPE

Offer of Employment made to: (Name of FDW)			
Employer's Family Profile			
Employer's Name		Spouse Name	
List other members of the household. For children list age & state whether son or daughter in the relationship column.			
Relationship	Age	Relationship	Age
Type of Dwelling – FDW's Place of work			
<input type="checkbox"/> Landed Bungalow	<input type="checkbox"/> Condominium	<input type="checkbox"/> HDB _____-Room Flat <i>Specify no. of Room</i>	
<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 _____ <i>state</i>	
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 type="checkbox"/> Cooking	<input type="checkbox"/> Laundry (machine wash)	<input type="checkbox"/> Marketing	
<input type="checkbox"/> Cleaning / Tidying	<input type="checkbox"/> Gardening	<input type="checkbox"/> Caring for Baby	
<input type="checkbox"/> Tending to 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 type="checkbox"/> Other please state below _____	<input type="checkbox"/> Other please state below _____	
Essential FDW's Terms of Employment			
Monthly Salary (inclusive of full board & lodging)	S\$	Off days per month during probation	
		Off days per month during probation	
Special Requirements/Requests by Employer (special care for elderly, chronically ill relative, etc):			