

HOUSEMAID JOB ORDER

HOUSEMAID NAME : _____	CODE NO : _____
NATIONALITY : _____	H/P USE : ☐ NO ☐ YES , _____
BASIC SALARY : RM _____ / MONTH	HOME CALL : ☐ NO ☐ YES , _____
☐ WITH _____ REST DAY	☐ WITHOUT _____ REST DAY, RM _____ / IF WORK REST DAY

EMPLOYER'S DETAILS:

FULL NAME : _____

NRIC NO : _____

TEL (HOME) : _____ TEL (OFF) : _____

H/P NO : _____

ADDRESS : _____

SPOUSE/SECONDARY CONTACT PERSON DETAILS:

FULL NAME : _____

NRIC NO : _____

TEL (HOME) : _____ TEL (OFF) : _____

H/P NO : _____

ADDRESS : _____

(A) EMPLOYER'S PERSONAL INFORMATION:

RELIGION : _____ RACE : _____

NATIONALITY : _____ MARITAL STATUS : _____

(B) EMPLOYER'S FAMILY INFORMATION: (TOTAL _____ PEOPLE STAY IN PLACE OF WORK OF MAID)

EMPLOYER (HUSBAND & WIFE) ☐ AGE : _____ ELDERLY ☐ AGE : _____ M / F

CHILDREN ☐ AGE : _____ M / F OTHER ☐ AGE : _____ M / F

(C) EMPLOYER'S HOUSE INFORMATION:

HOUSE TYPE :

☐ CONDO / APARTMENT ☐ TRIPLE STOREY ☐ BUNGALOW

☐ DOUBLE STOREY ☐ SEMI-DETACHED ☐ OTHERS : _____

(D) HOUSEMAID'S WORKSCOPE:

1. HOUSEWORK	☐ CLEANING	☐ LAUNDRY / IRONING	
	☐ WASHING	☐ GARDENING	
2. CARE OF CHILD	☐ YES ☐ NO	IF YES HOW MANY CHILD AND AGES : _____	
3. CARE OF ELDERLY	☐ YES ☐ NO	IF YES, PERSON AGE : _____ BEDRIDDEN ☐	
4. CARE FOR ANIMALS	☐ YES ☐ NO	IF YES, WHAT ANIMALS : _____ AND HOW MANY _____	
5. CAR WASH	☐ YES ☐ NO	IF YES HOW MANY CARS & WASH TIMES PER WEEK : _____	
6. COOKING	☐ YES ☐ NO	IF JUST NEED TO ASSIST ☐	

(E) ADDITIONAL REQUESTS:

(E) DISCLAIMER

I, THE EMPLOYER AS NAMED ABOVE, HEREBY
CONFIRMED THAT THE ABOVE INFORMATION
IS TRUE AND CORRECT, FOR THE PURPOSE OF
MY HOUSEMAID APPLICATION.

☐ I hereby authorize the processing of the Personal Data
submitted by me in this form for the purpose of housemaid
application only

(E) UNDERTAKING

I, THE HOUSEMAID AS NAMED ABOVE, HEREBY
CONFIRMED THAT I HAD READ, UNDERSTOOD
AND AGREE TO THIS JOB ORDER FOR THE
PURPOSE OF WORKING FOR MY EMPLOYER.

☐ I hereby authorize the processing of the Personal Data
submitted by me in this form for the purpose of housemaid
application only

EMPLOYER NAME : _____

EMPLOYER NRIC NO : _____

DATE : _____

HOUSEMAID NAME : _____

PASSPORT NO : _____

DATE : _____