

INFORMATION SHEET OF THE EMPLOYER

NAME : _____

RESIDENCE ADDRESS: _____

ZIP CODE: _____ TELEPHONE NO. _____

CELL NO. _____ FAX NO. _____

EMAIL ADDRESS: _____ NATIONALITY: _____

OCCUPATION: _____

COMPANY/EMPLOYER: _____

ADDRESS: _____

TEL. NO. _____ FAX NO. _____

MONTHLY FAMILY INCOME: _____ SIZE OF RESIDENCE: _____

NAME OF FAMILY MEMBERS:

AGE:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

NAME OF OTHER HOUSEHOLD STAFF IN THE HOUSE

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

I DECLARE THAT THE ABOVE INFORMATION ARE TRUE AND CORRECT UNDER PAIN OF PENALTY UNDER PHILIPPINE AND HOST COUNTRY LAWS.

SIGNATURE OF EMPLOYER: _____ DATE: _____

