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**INFORMATION OF EMPLOYMENT**

DETAILS ABOUT THE EMPLOYER:

Name:  Age:  Sex:

Civil Status: Height  cm Weight:  kg.

Tel No: Language Spoken:

Address:  **ISRAEL**

Number of persons living in the residence:

Relationship to the employer:

Physical and Medical Conditions:

Behavior:

WORK EXPECTED:

Feeding (  ); Bathing (  ); Dressing (  ); Dipper Changing (  ) Toilet Assistant (  )

House Cleaning ( ); Laundry ( ); Cooking ( ); Medication ( ); Injections ( );

Additional work (please Specify)

EMPLOYMENT DETAILS:

Accommodation Given ( ); Self ( ); Own room (X); Sharing( )

Other (please Specify)……………………………………………………………………………

Day Off:

WEEKLY ALLOWANCE: Dollars:……………Shekel : **100**

MONTHLY SALARY: (includes weekly allowance) Dollars:……………………Shekel: **5,300**

MOREOVER THE CAREGIVER WILL GET ALL THE SOCIAL WRIGHTS THAT ARE

ACCETATE ACCORDING TO THE ISRAELY LAW.

I HEREBY DECLARE THAT I READ AND UNDERSTOOD ALL TERMS WRITTEN

IN THIS DOCUMENTS AND I AGREE TO WORK AS CAREGIVER FOR THIS EMPLOYER.

NAME OF WORKER:

REF. NO:

SIGNATURE OF THE WORKER: …………………………………DATE: