

外國人預定工作內容說明書
Foreign Worker's Job Description

雇主名稱 Name of Employer		可承接名額 Replacement Quota	
工作所在地址 Work Location			
工作類別 Type of Work : (製造業需填寫 行業別 For manufacturing Industry, please fill in the specific field of manufacturing.)	<input type="checkbox"/> 家庭看護工 In-home Caretaker <input type="checkbox"/> 家庭幫傭 Housemaid <input type="checkbox"/> 養護機構 Institutional Caretaker <input type="checkbox"/> 漁工 Fisherman <input type="checkbox"/> 製造業 Manufacturing Industry <input type="checkbox"/> 營造工 Construction Worker <input type="checkbox"/> 其他 Others		
工作內容 Duties & Responsibilities (請詳細說明 Please be specific.)	<p>◎家庭類 Household Type :</p> 1.被看護者性別 Gender of Care Recipient : <input type="checkbox"/> 女 Female <input type="checkbox"/> 男 Male 2.年齡 Age : _____歲 Years Old 3.被看護者身體狀況 Physical Condition of Care Recipient : <input type="checkbox"/> 植物人 Persistent Vegetative State Patient <input type="checkbox"/> 老人癡呆 Alzheimer's Disease <input type="checkbox"/> 中風 Stroke <input type="checkbox"/> 智能不足 Mental Retardation <input type="checkbox"/> 精神異常 Mental Disorder <input type="checkbox"/> 癌症 Cancer <input type="checkbox"/> 傷殘 Disability <input type="checkbox"/> 插管 Endobronchial Intubation <input type="checkbox"/> 全癱 Whole Body Paralysis <input type="checkbox"/> 半身癱瘓 Paralysis of One Half of the Body <input type="checkbox"/> 截肢 Amputation <input type="checkbox"/> 其他類 Others _____(與診斷書病名相同 The disease name should be the same as one stated on the medical certificate.) 4.工作內容 Duties & Responsibilities <input type="checkbox"/> 煮飯 Cooking <input type="checkbox"/> 幫忙洗澡 Shower Assistance <input type="checkbox"/> 按摩及拍背 Massage & Patting <input type="checkbox"/> 餵食 Feeding <input type="checkbox"/> 協助坐輪椅 Wheelchair Assistance <input type="checkbox"/> 協助大小便 Bowel and Bladder Assistance <input type="checkbox"/> 陪同就醫 Accompanied to Medical Visit <input type="checkbox"/> 其他 Others (依規定不得涉及專業醫療行為之照護工作)		
勞動條件 Labor Conditions	◎非家庭類 Non-household Type : 工作內容 Duties & Responsibilities : _____ 1.工作時間 Working Hours : _____時 Hour/天 Day 2.薪 資 Salary : 月薪 Monthly Pay\$_____ ; 加班費 Overtime Pay \$_____/時 Hour 3.休假制度 Leave Benefit : ____天 Day/____月 Month (若無休假，則給付加班費\$_____/天 Employer has		

	<p style="text-align: center;">to pay overtime \$____/day to the worker who works during his/her time off)</p> <p>4.福利制度 Benefits : _____</p> <p>5.其 他 others : _____</p> <p>附註 P.S. :</p> <p>以上工作內容，目前有 <input type="checkbox"/> 男性 <input type="checkbox"/> 女性 從業人員從事工作</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female (check if applicable) workers are currently employed to engage in the above-mentioned job duties.</p>
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※ 以上內容請以中、英文確實填寫，如有不實之情事者，將依相關法令論處。

Please fill out the form in both English and Chinese. Any false or misleading statement may be penalized according to relevant law.