



DEPARTMENT OF MIGRANT WORKERS
MIGRANT WORKERS OFFICE
WASHINGTON, D.C.



MWO-WDC ERF-I

EMPLOYER INFORMATION FORM
(For Employer of Domestic Worker)

1. Name of Employer : _____
2. Name of Spouse : _____
3. Residential Address : _____
4. Mobile/WhatsApp/Viber No. : _____
5. Email Address : _____
6. Occupation : _____
7. Annual Household Salary : _____
8. Number of Persons Living in Household of Employer : Adults _____ Children (Below 18) _____
9. Name of Domestic Worker being Hired : _____
10. Address of Domestic Worker in the Philippines : _____
11. Address where Domestic Worker Will Live and Work (if different from the address of employer) : _____
12. Salary of the Domestic Worker : _____
13. Contract Duration : _____
14. No. of Domestic Workers Working in the Household Other than the Domestic Worker being Hired : _____

I hereby certify that the foregoing information are true and correct.

Signature of Employer over Printed Name

Date Signed: _____