

CLEANER APPLICATION FORM

Date:		Time:	
Name		DOB:	
Address		Tel:	
		Mob:	
Post code		E-mail:	

Please state your Marital Status?
Do you have any dependants?
Would they be a problem during school holidays or times of sickness?
Do you smoke?
Have you worked as a domestic cleaner before?
If yes please give details.
If no then what experiences do you have?
State reason for leaving your previous employment?
Length of service with that employment?
Are you looking for permanent or temporary work?
Why do you want to be a cleaner?
Can you clean brass and silver?
Would you describe yourself as competent at ironing?
Do you have any transport?
State maximum distance you would be prepared to travel.

Signature

CLEANER APPLICATION FORM

How many hours per week are you hoping to work?
Would you be prepared to cover other cleaners at short notice?
Would you do one off cleans, if offered? Full house cleans, builders cleans etc
Do you suffer from any illness or disability? If yes please give details.
Do you have any allergies or phobias? i.e. Cats/Dogs/dust etc
Do you have any criminal convictions? If yes please state what they are
Do you have a DBS Date of issue :- Certificate no :- Convictions:-
Do you have any holidays booked?
Would you be willing to put out leaflets to get work faster?
How did you hear about us?

Signature

CLEANER APPLICATION FORM

Please list below two people you can provide as references:

Name		Day Phone	
Address		Eve Phone	
		Your job	
Name		Day Phone	
Address		Eve Phone	
		Your job	

Type of I.D Supplied:		Expiry Date
Emergency contact number		
General Interview Notes	Nationality	
	Work Permit	
	Source	
General Notes:		

Using the chart below please now tick the times of the day that you would be available to work for the Agency.

Hours	MON	TUE	WED	THUR	FRI	SAT	SUN
a.m.							
p.m.							
Eve							

I declare that the information I have provided is true and accurate and I authorise you to contact any of the references that I have supplied.

Signed

Print

Date