

CLEANER REGISTRATION FORM

Date:		Time:	
Name		Title	Mr / Mrs / Miss / Ms Other.....
Address		Landline:	
		Mob:	
		Email:	
		Emergency Contact:	
Postcode			

Date of Birth.
Have you worked as a domestic cleaner before? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please give details.
If no then what relevant experience do you have?
State reason for leaving your previous employment?
Length of service with that employer?
Are you looking for permanent / temporary / term time only ?
How many hours per week are you hoping to work?
Do you know how to clean brass and silver? Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you accept jobs that involve ironing? Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature

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State maximum distance you would be prepared to travel.		
Do you have any current commitments which may affect your attendance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you do one off cleans, if offered? (Full house cleans, builder's cleans etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from any condition which may affect your ability to do the job? If yes please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any allergies or phobias? (Cats/Dogs/dust etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any unspent criminal convictions? If yes please provide details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature		
Do you have a DBS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of issue :-		
Certificate no :-		
Convictions:-		
Do you have any holidays booked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you be willing to put out leaflets to get work faster?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How did you hear about us?		

Signature

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Do you require a permit to work in the UK?
If yes please provide your documents for checking.

Yes No

For Office Use Only – Obtain Copy Check

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

	MON	TUE	WED	THUR	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

I declare that all of the information I have provided is true and accurate.
I will forward two references as soon as possible.

Signed

Print

Date

Office use:

Please provide two of the following forms of identification.	
Driving licence	
Passport	
Utility bill	
Bank statement	

Interview Notes:

