



UNIT NUMBER....

DOMESTIC WORKER /GARDENER
APPLICATION FORM

DATE ISSUED:

Office use

DOMESTIC'S PARTICULARS

CHRISTIAN NAMES.....

SURNAME.....

ID NUMBER.....

HOME ADDRESS.....

EMPLOYER'S PARTICULARS

NAME.....

TELEPHONE NUMBER.....

ID NUMBER.....

EMAIL ADDRESS.....

PO BOX ADDRESS.....

DAYS THAT THE DOMESTIC WILL WORK FOR YOU (Please tick the relevant box/es)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYER'S SIGNATURE:

.....

The Employer must please complete AND SIGN this form and hand it in together with **TWO** recent ID Photos of the Domestic Worker at the Estate Manager's Office, or at the Security Guards at the entrance gate.