

APPLICATION FORM



Personal Details

Forename:

Surname:

Date of Birth:

Place of Birth:

Nationality:

Marital Status

Single

Married

Divorced

Homeowner

Address

Post Code:

Rented

Years at this address:

Number of Children
or Dependent
Relatives
.....

Previous Address:

Years at this address:

Home Telephone:

Mobile Telephone:

email:

Are you a smoker Yes No

NO SMOKING Can take or place in any company vehicle
or on a clients premises.

Medical Statement:

Cleaning & Maintenance tasks require a good standard of health and overall fitness. It is therefore **unlikely** that you could effectively carry out this task if you are physically disabled or impaired in such a way that your movement or your ability to efficiently operate equipment may be effected. Cleaning tasks may not be suitable for you if you have suffered from a back injury, stroke, asthma, or any other condition that may be aggravated by physical effort, dust, or the application of detergents and chemicals.

Please confirm that you are not aware of any condition which may affect your ability to undertake the work by ticking this box.

Education

Last School & Address:

Qualifications when Leaving School/College:

Current / Previous Jobs & Relevant Experience

Current Company:

For how long:

Job Description:

Previous Company:

For how long:

Job Description:

Previous Experience within the cleaning industry:

If you are currently employed by, sub contracted to or affiliated to another cleaning company, please confirm their name & address:

APPLICATION FORM

Continued



Do you have a current driving license? Yes No

Do you have access to a vehicle? Yes No

What Daily Hours are you looking for ? Please Indicate preference by highlighting the times preferred

	Office Cleaning		Residential Cleaning						Office Cleaning					
MON	06:00	08:00	10:00	11:00	12:00	13:00	14:00	15:00	17:30	18:00	19:00	20:00	21:00	22:00
TUE	06:00	08:00	10:00	11:00	12:00	13:00	14:00	15:00	17:30	18:00	19:00	20:00	21:00	22:00
WED	06:00	08:00	10:00	11:00	12:00	13:00	14:00	15:00	17:30	18:00	19:00	20:00	21:00	22:00
THU	06:00	08:00	10:00	11:00	12:00	13:00	14:00	15:00	17:30	18:00	19:00	20:00	21:00	22:00
FRI	06:00	08:00	10:00	11:00	12:00	13:00	14:00	15:00	17:30	18:00	19:00	20:00	21:00	22:00
SAT	06:00	08:00	10:00	11:00	12:00	13:00	14:00	15:00	17:30	18:00	19:00	20:00	21:00	22:00
SUN	06:00	08:00	10:00	11:00	12:00	13:00	14:00	15:00	17:30	18:00	19:00	20:00	21:00	22:00

SECURITY

Some of our commercial clients require us to submit our cleaning operatives for a security check due to the sensitive nature of their work. The purpose of such a check is to ensure that the operative does not have a criminal record and that the information given in this application is accurate.

Have you ever been convicted of a criminal offense? No (Please tick)

If yes, please state details on separate sheet (unless spent, subject to the rehabilitation of offenders act 1972)

National Insurance Number	Passport Number

I confirm that the information given in this application is accurate and that I consent to this information being verified if required. I further acknowledge that any correspondence, information or interview is strictly confidential and that such information will not be disclosed to a competitor of Clean Genie Ltd.

Full Name:

Date: / / Signature:

**Please return this completed application to
Clean Genie Ltd, Unit 14, Oxlip Leyes, Bicester, Oxon, OX26 3ED**