

Position Applied For

Preferred Working Hours

Full-Time

Part-Time

Date

EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION

Full Name

Address

E-Mail

Phone Number

Date of Birth

Current Employment

Expected Salary

EXPERIENCE & PROFESSIONALISM

Do you have prior professional cleaning experience? Please name employers.

Do you have formal training or certifications in professional cleaning?

Are you knowledgeable about safety and hygiene regulations in cleaning work?

How do you handle difficult cleaning tasks, such as delicate surfaces?

Do you have experience using specialized cleaning equipment (e.g. floor polishers)?

Have you ever trained or supervised other cleaning staff?

How would you respond to a client complaint about cleaning quality?

What is the most important quality for a professional cleaner?

Do you have any medical conditions that may affect your work?

COMMENTS

APPLICANT SIGNATURE

APPLICATION RECEIVED BY