**EMO**

|  |  |  |  |
| --- | --- | --- | --- |
| **DOMESTIC STAFF/GARDENER** | | | |
|  |  | **Plot No** |  |
|  |  | Duration of employment | |
| Employee No | Date of Registration | Start date | End Date |
|  |  |  |  |
|  |  |  |  |
| Name of Employee |  | | |
| Omang/ID No |  | | |
| Position Held |  | | |
| Date Registered at estate |  | | |
| Employee Contact No/s |  | | |
| Days of the week employed at premises | 7 | | |
| Mon | Tue | Wed| Thr | Fri | Sat | Sun | | | | |
| | | | | | | | | | | |
| Does employee reside on the premises |  | Yes I No | |
| Other Persons who reside with employee |  | ID No | |
| Name: |  |  | |
| Name: |  |  | |
| Employee Home Address: |  |  |  |
|  | | | |
|  | | | |
|  |  |  |  |
| Employees Next of Kin |  |  |  |
| Relationship | Name | | Cell |
|  |  | |  |
|  |  | |  |
|  |  |  |  |
|  |  |  |  |
| **Employer Details** |  | **Plot No** |  |
|  |  |  |  |
| **Name of Employer** |  | | |
| **Employer Address** | | | |
|  | | | |
|  | | | |
| **Contact Person** | **Name** | | **Cell No** |
| **1st Contact Person** |  |  |  |
| **2nd Contact Person** |  |  |  |
| **email address** |  | | |
|  |  |  |  |

**Homeowner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Icon

Description automatically generated with medium confidence**