**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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