



Application to Interview

Please print neatly with a felt tip pen. This form will be shared with prospective employers. Please submit this form together with the other items on the Application Checklist.

General Information

Last Name _____ First Name _____ Middle _____ Maiden Name _____
 Address _____ City _____ State _____ Zip _____
 How long have you lived at current address? _____ Apartment House Rent Own
 Previous Address _____
 Home Phone _____ Work Phone _____ Mobile Phone _____ Email _____
 Are you eligible to work in the U.S.? Yes No
 Social Security # _____ Work Permit # _____ Green Card # _____
 List all states in which you have lived _____
 List all countries in which you have lived _____

Personal Information

Do you drive? Yes No Driver's License # _____ State _____ Expiration Date _____
 Do you have daily use of a dependable car? Yes No Make _____ Year _____ License Plate # _____
 Car insurance carrier _____ Policy # _____ Do you smoke? Yes No
 Can you supply verification of a good driving record? Yes No If no, please explain _____
 Have you ever plead guilty or been convicted of a crime? Yes No
 If yes, please explain (attach paper if necessary) _____
 Do you have a clear police record nationwide? Yes No
 Have you ever been known by a different name? Yes No If yes, please list _____

Medical Information

Are you willing to undergo drug testing? Yes No
 Are you able to perform the job duties with or without reasonable accommodation? Yes No

Emergency Information

Please list persons to be notified in case of an emergency.

Name	Home Phone	Mobile Phone	Email	Relationship



Name: _____ Position _____ Date _____ Page 2

Employment History

Are you currently employed? Yes No When are you available to interview? _____

Employer _____ Job Title _____
Address _____ Supervisor _____
City/State _____ Zip _____ Email _____
Start Date _____ End Date _____ Contact Number _____
Starting Salary _____ Ending Salary _____
Job Duties _____

Why did you leave this position? _____

Employer _____ Job Title _____
Address _____ Supervisor _____
City/State _____ Zip _____ Email _____
Start Date _____ End Date _____ Contact Number _____
Starting Salary _____ Ending Salary _____
Job Duties _____

Why did you leave this position? _____



Name: _____ Position _____ Date _____ Page 3

Employer _____ Job Title _____
 Address _____ Supervisor _____
 City/State _____ Zip _____ Email _____
 Start Date _____ End Date _____ Contact Number _____
 Starting Salary _____ Ending Salary _____
 Job Duties _____

Why did you leave this position? _____

Employer _____ Job Title _____
 Address _____ Supervisor _____
 City/State _____ Zip _____ Email _____
 Start Date _____ End Date _____ Contact Number _____
 Starting Salary _____ Ending Salary _____
 Job Duties _____

Why did you leave this position? _____

Education

	Name and Location	Grade Completed	Course and Degree	Graduated?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Training				<input type="checkbox"/> Yes <input type="checkbox"/> No



Name: _____ Position _____ Date _____ Page 4

Position Desired

Please check any of the positions listed below that pertain to your interests and background. If you are applying for a specific position listed on the web, please enter exact title. _____

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> Arborist | <input type="checkbox"/> Estate Manager | <input type="checkbox"/> Live In | <input type="checkbox"/> Live Out |
| <input type="checkbox"/> Body Guard | <input type="checkbox"/> Governess | <input type="checkbox"/> Part Time | <input type="checkbox"/> Full Time |
| <input type="checkbox"/> Butler | <input type="checkbox"/> House Manager | <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Caretaker | <input type="checkbox"/> Head Housekeeper | Days Available | |
| <input type="checkbox"/> Chef/Cook | <input type="checkbox"/> Housekeeper | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Companion | <input type="checkbox"/> Houseman | _____ | |
| <input type="checkbox"/> Doula | <input type="checkbox"/> Nanny | Holidays unavailable to work? _____ | |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Executive PA | Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Elder Care | <input type="checkbox"/> Personal Assistant | If yes, any limitations or preferences? _____ | |
| <input type="checkbox"/> Gardener | <input type="checkbox"/> Ranch Manager | Salary Expectations: \$ _____ to \$ _____ | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Ranch Hand | <input type="checkbox"/> per hour | <input type="checkbox"/> per day <input type="checkbox"/> per week <input type="checkbox"/> per year |

Other Skills

Do you have experience operating household equipment (i.e., floor buffer, laundry presser, pressure washer)? Yes No

If yes, please list _____

Do you speak, read, or write any language other than English? Yes No If yes, please list _____

Please rate your skill level on the following:	No Experience	Basic	Intermediate	Advanced
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accounting software (Quicken, QuickBooks, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic IT support (computer set-up, troubleshooting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Etiquette and protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Setting a formal table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drafting formal correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconciling credit card/bank accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event/party planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating processes and systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Name: _____ Position _____ Date _____ Page 5

Personal References

Please list a minimum of 3 personal references. These references may be family members, friends, neighbors, fellow church or community organization members or other people who know you outside of your professional environment.

Name _____ Relationship _____ Years Known _____
Home Phone _____ Mobile Phone _____ Work Phone _____
Email Address _____

Name _____ Relationship _____ Years Known _____
Home Phone _____ Mobile Phone _____ Work Phone _____
Email Address _____

Name _____ Relationship _____ Years Known _____
Home Phone _____ Mobile Phone _____ Work Phone _____
Email Address _____

Name _____ Relationship _____ Years Known _____
Home Phone _____ Mobile Phone _____ Work Phone _____
Email Address _____

Professional References

Please list a minimum of 3 professional references. These references should be current/former managers, co-workers or employees you have managed.

Name _____ Relationship _____ Years Known _____
Home Phone _____ Mobile Phone _____ Work Phone _____
Email Address _____

Name _____ Relationship _____ Years Known _____
Home Phone _____ Mobile Phone _____ Work Phone _____
Email Address _____

Name _____ Relationship _____ Years Known _____
Home Phone _____ Mobile Phone _____ Work Phone _____
Email Address _____

Name _____ Relationship _____ Years Known _____
Home Phone _____ Mobile Phone _____ Work Phone _____
Email Address _____



teresa leigh
household risk management

Name: _____ Position _____ Date _____ Page 7

We all have skills that we take for granted, like having a green thumb, enjoying water color painting, or a knack for party planning. Please list any special skills, training, or interests that you would like to share.

How would you describe yourself and your personality to someone who has never met you?

Authorization

I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. I authorize you to secure an investigative consumer report for employment purposes, which may include, but not necessarily be limited to, a criminal history records investigation, a DMV driving record, verification of education and employment history. I authorize you or your agents to verify any and all information contained herein and inquire into my character, general reputation, personal characteristics and mode of living. I release all concerned from liability in connection with any information they provide. Any misrepresentation made in this application will be sufficient cause for cancellation of the application, and/or termination from a position obtained through this company. I understand that I have the right, under Section 606(b) of the Federal Fair Credit Reporting Act, to make a written request within a reasonable time for a complete and accurate disclosure of the nature and scope of the investigative consumer report. I understand that completing this application does not guarantee me an interview or future employment.

Signature _____ Printed Name _____ Date _____