



# JOB APPLICATION FORM

Date: \_\_\_\_\_

Applying through:  Florida Office  Hamptons Office  New York City Office

## PERSONAL INFORMATION

FIRST NAME:

MIDDLE NAME (IF APPLICABLE):

LAST NAME:

ADDRESS:

MONTHS/YEARS  
AT THIS ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

EMERGENCY PHONE (IF DIFFERENT FROM YOUR OWN):

EMAIL (PLEASE PRINT CLEARLY):

CAN YOU PROVE THAT YOU CAN LEGALLY WORK IN THE U.S. (BY SIGNING AN I9 FORM)?  YES  NO

POSITION DESIRED:  
(Select all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> BARTENDER                       | <input type="checkbox"/> HANDYMAN / CARPENTER | <input type="checkbox"/> PERSONAL ASSISTANT            |
| <input type="checkbox"/> BUTLER                          | <input type="checkbox"/> HOUSEHOLD MANAGER    | <input type="checkbox"/> PROPERTY MANAGER              |
| <input type="checkbox"/> CHAUFFEUR                       | <input type="checkbox"/> HOUSEKEEPER          | <input type="checkbox"/> RETAIL STAFF MEMBER           |
| <input type="checkbox"/> CHEF                            | <input type="checkbox"/> HOUSEMAN             | <input type="checkbox"/> SECURITY GUARD                |
| <input type="checkbox"/> COMPANION / PERSONAL CARE AIDE  | <input type="checkbox"/> MAID                 | <input type="checkbox"/> SENIOR CARE AIDE              |
| <input type="checkbox"/> DOMESTIC COUPLE / ESTATE COUPLE | <input type="checkbox"/> MANNY                | <input type="checkbox"/> SERVER                        |
| <input type="checkbox"/> ESTATE MANAGER                  | <input type="checkbox"/> NANNY / BABYSITTER   | <input type="checkbox"/> SOUS CHEF / GRILLER           |
| <input type="checkbox"/> GROUNDSKEEPER                   | <input type="checkbox"/> OFFICE WORKER        | <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____ |

PLEASE STATE THE TYPE OF EMPLOYMENT YOU ARE APPLYING FOR:

LOOKING FOR:  LIVE IN  LIVE OUT  PART TIME  FULL TIME

DAYS OF THE WEEK YOU WILL BE AVAILABLE:

- |                                 |                                 |                                 |                                 |                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> MON    | <input type="checkbox"/> TUE    | <input type="checkbox"/> WED    | <input type="checkbox"/> THU    | <input type="checkbox"/> FRI    | <input type="checkbox"/> SAT    | <input type="checkbox"/> SUN    |
| <input type="radio"/> MORNING   | <input type="radio"/> MORNING   | <input type="radio"/> MORNING   | <input type="radio"/> MORNING   | <input type="radio"/> MORNING   | <input type="radio"/> MORNING   | <input type="radio"/> MORNING   |
| <input type="radio"/> AFTERNOON | <input type="radio"/> AFTERNOON | <input type="radio"/> AFTERNOON | <input type="radio"/> AFTERNOON | <input type="radio"/> AFTERNOON | <input type="radio"/> AFTERNOON | <input type="radio"/> AFTERNOON |
| <input type="radio"/> EVENING   | <input type="radio"/> EVENING   | <input type="radio"/> EVENING   | <input type="radio"/> EVENING   | <input type="radio"/> EVENING   | <input type="radio"/> EVENING   | <input type="radio"/> EVENING   |

SALARY EXPECTATIONS: \$ \_\_\_\_\_ /YEAR • OR • \$ \_\_\_\_\_ /HOUR

ARE YOU WILLING  
TO RELOCATE?  YES  NO

IF YES, ARE THERE ANY RELOCATION LIMITATIONS OR DESIRES?

PLEASE SELECT ALL LOCATIONS  
WHERE YOU ARE WILLING  
TO WORK:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> NEW YORK CITY       | <input type="checkbox"/> FLORIDA - EAST COAST | <input type="checkbox"/> NEW JERSEY                 |
| <input type="checkbox"/> HAMPTONS / EAST END | <input type="checkbox"/> FLORIDA - WEST COAST | <input type="checkbox"/> OTHER (PLEASE LIST): _____ |
| <input type="checkbox"/> MID-LONG ISLAND     | <input type="checkbox"/> CONNECTICUT          | _____   |

QUALIFICATIONS/SKILLS:

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PERSONAL INFORMATION (continued)	
DO YOU SPEAK LANGUAGES OTHER THAN ENGLISH? IF YES, LIST ALL LANGUAGES:	
HOW LONG HAVE YOU BEEN IN THE SERVICE INDUSTRY?	EARLIEST DATE YOU COULD START:
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN YOU WORK FLEXIBLE HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NEEDED, COULD YOU WORK OVERNIGHT FOR AN EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CAN YOU LIVE IN ON THE WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IN THE SUMMER, CAN YOU WORK 5 DAYS/WEEK IN THE HAMPTONS (IF APPLICABLE)? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DID YOU HAVE ACCIDENTS/MOVING VIOLATIONS IN WHICH YOU WERE A DRIVER IN THE LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:	
DO YOU SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU DRINK ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW OFTEN?
IS LIFTING AN ISSUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CAPABLE OF DOING THIS JOB?
DO YOU HAVE ANY PHYSICAL CONDITIONS THAT MIGHT LIMIT YOUR ABILITY TO PERFORM ANY PARTICULAR DUTIES WHILE ON A JOB?	
ALLERGIES?	
HIGHEST LEVEL OF EDUCATION: <input type="checkbox"/> LESS THAN HIGH SCHOOL <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> ASSOCIATE'S DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE DEGREE	LIST AREA(S) OF STUDY:
WHAT ARE YOUR STRENGTHS?	
WHAT ARE YOUR WEAKNESSES?	
HOBBIES:	
DO YOU LIKE PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU LIKE CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AFRAID OF ANY PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU ARE AFRAID OF PETS, WHICH ONE(S)?
RATE YOUR SWIMMING ABILITY FROM 1-10, 1 BEING POOR:	



**WORK EXPERIENCE (IMPORTANT: THIS SECTION MUST BE COMPLETED. DO NOT LIST "SEE RESUME" OR "REFER TO RESUME")**

<b>EMPLOYER/FAMILY NAME:</b>	
REPRESENTATIVE/MANAGER FOR CLIENT (IF APPLICABLE):	
CLIENT LOCATION/TOWN (IF MULTIPLE, LIST ALL):	
EMAIL ADDRESS:	HOME PHONE:
CELL PHONE:	OTHER PHONE:
START DATE:	TERMINATION DATE:
TITLE/ DUTIES:	
REASON FOR TERMINATION:	FINAL SALARY:
<b>EMPLOYER/FAMILY NAME:</b>	
REPRESENTATIVE/MANAGER FOR CLIENT (IF APPLICABLE):	
CLIENT LOCATION/TOWN (IF MULTIPLE, LIST ALL):	
EMAIL ADDRESS:	HOME PHONE:
CELL PHONE:	OTHER PHONE:
START DATE:	TERMINATION DATE:
TITLE/ DUTIES:	
REASON FOR TERMINATION:	FINAL SALARY:
<b>EMPLOYER/FAMILY NAME:</b>	
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EMAIL ADDRESS:	HOME PHONE:
CELL PHONE:	OTHER PHONE:
START DATE:	TERMINATION DATE:
TITLE/ DUTIES:	
REASON FOR TERMINATION:	FINAL SALARY:
<b>EMPLOYER/FAMILY NAME:</b>	
REPRESENTATIVE/MANAGER FOR CLIENT (IF APPLICABLE):	
CLIENT LOCATION/TOWN (IF MULTIPLE, LIST ALL):	
EMAIL ADDRESS:	HOME PHONE:
CELL PHONE:	OTHER PHONE:
START DATE:	TERMINATION DATE:
TITLE/ DUTIES:	
REASON FOR TERMINATION:	FINAL SALARY:

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