



JOB APPLICATION FORM

Date: _____

Applying through: Boston Office 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)

BABY NURSE

BARTENDER

BUTLER

CHAUFFEUR

CHEF

COMPANION / PERSONAL CARE AIDE

DOMESTIC COUPLE / ESTATE COUPLE

ESTATE MANAGER

EVENT PLANNING

GROUNDSKEEPER

HANDYMAN / CARPENTER

HOUSEHOLD MANAGER

HOUSEKEEPER

HOUSEKEEPER / COOK

HOUSEMAN

LAUNDRESS

MAID

MANNY

NANNY / BABYSITTER

OFFICE WORKER

PERSONAL ASSISTANT

PRIVATE EVENT STAFFING

PROPERTY MANAGER

RETAIL STAFF MEMBER

SECURITY GUARD

SENIOR CARE AIDE

SERVER

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:

MON

TUE

WED

THU

FRI

SAT

SUN

MORNING

AFTERNOON

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:

BOSTON AREA

CONNECTICUT

FLORIDA - EAST COAST

FLORIDA - WEST COAST

HAMPTONS / EAST END

MID-LONG ISLAND

NEW JERSEY

NEW YORK CITY

SAN FRANCISCO AREA

OTHER (PLEASE LIST): _____

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? YES NO

CAN YOU WORK FLEXIBLE HOURS? YES NO

IF NEEDED, COULD YOU WORK OVERNIGHT FOR AN EMPLOYER? YES NO

CAN YOU LIVE IN ON THE WEEKENDS? YES NO

IN THE SUMMER, CAN YOU WORK 5 DAYS/WEEK IN THE HAMPTONS (IF APPLICABLE)? YES NO

DO YOU HAVE TRANSPORTATION? YES NO

DID YOU HAVE ACCIDENTS/MOVING VIOLATIONS IN WHICH YOU WERE A DRIVER IN THE LAST 3 YEARS? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
IF YES, EXPLAIN:

DO YOU SMOKE? YES NO

DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO
IF YES, HOW OFTEN?

IS LIFTING AN ISSUE? YES 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?

TELL US ABOUT YOUR EDUCATION:

HIGH SCHOOL: DID YOU GRADUATE? YES NO

LIST YEARS YOU ATTENDED: _____ LIST CITY AND STATE OF HIGH SCHOOL: _____

COLLEGE/UNIVERSITY: DID YOU GRADUATE? YES NO

LIST YEARS YOU ATTENDED: _____ LIST CITY AND STATE OF COLLEGE: _____

INDICATE SUBJECT MATTER STUDIED: _____

INDICATE YOUR HIGHEST DEGREE EARNED: BACHELORS MASTERS DOCTORATE

OTHER INSTITUTION: DID YOU GRADUATE? YES NO

LIST YEARS YOU ATTENDED: _____ LIST CITY AND STATE OF INSTITUTION: _____

INDICATE SUBJECT MATTER STUDIED: _____

WHAT ARE YOUR STRENGTHS?

WHAT ARE YOUR WEAKNESSES?

HOBBIES:

DO YOU LIKE PETS? YES NO

DO YOU LIKE CHILDREN? YES NO

ARE YOU AFRAID OF ANY PETS? YES NO

IF YOU ARE AFRAID OF PETS, WHICH ONE(S)?

RATE YOUR SWIMMING ABILITY FROM 1-10, 1 BEING POOR:

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

EMPLOYER/FAMILY NAME:	
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:

EMPLOYER/FAMILY NAME:	
REPRESENTATIVE/MANAGER FOR CLIENT (IF APPLICABLE):	
CLIENT LOCATION/TOWN (IF MULTIPLE, LIST ALL):	
EMAIL ADDRESS:	HOME PHONE:
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