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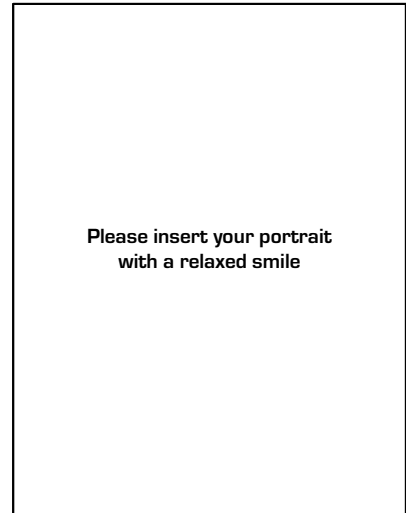
YOUR EXPERT FOR HOUSEPERSONNEL SINCE 1993
WWW.HAUSPERSONALAGENTUR.DE
JOB AGENCY FOR HOUSEPERSONNEL HEADOFFICE MUNICH
OWNER: NICOLE SCHICHL

Applicant's interview

(to be completed by each applicant separately)

Applicant:

Family name:
First name:
Street, Nbr.:
Zip code/city:
Telephone:
Telefax:
Mobile:
E-mail:
Nationality:
Date of birth:
Place of birth:
Your dress size:



Online code no.:
Weight/kg:
Size/cm:

I apply for:

Grid of job roles with checkboxes: Housekeeper, Matron, Housekeeper|nanny, Housekeeper|lady's companion, Housemaid, Cleaning lady, Nanny|governess, Nanny nurse, Nurse for the elderly, Caretaker (couple), Servant (couple), Butler | Major Domme, Driver, Bodyguard, Allrounder, Gardener, Cook, Private secretary

Desired places: Country/region/city/quarter:
Germany [] Other countries []

Desired working hours: Core time from/till: Full time [] Part time []
24-Hrs.-Service possible [] W/E service sporad. possible [] W/E service cont. possible []

Occupation:
Graduation:
Special training(s):
Proof of training(s):
Licences/patents:

References/certificates: yes [] no [] Type:
yes [] no [] of private households at hand

Living in house of employer:

I am searching for an employment where I can live:

yes no if requested

Travel accompaniment:

yes no if requested

Current position:

Current occupation:

Current employer:

Current pay:

Current job since (year, month):

Tax class (Germany):

Part time job:

Freelancer:

Jobless since:

Social welfare since:

ABM 1/2/3:

Employment exchange voucher of the BA (Germany):

yes no

Notice period:

Earliest date of joining:

Reasons for change of job?

Salary requirement:

Starting salary gross Euro:

After probation gross Euro:

Starting salary net Euro:

at _____ hours per week

Job experience:

Office Hotel Catering

Private household

Other job experience:

Job experience since:

Languages:

German: Mother tongue Foreign language

excellent good basic knowledge no knowledge

English: Mother tongue Foreign language

excellent good basic knowledge no knowledge

French: Mother tongue Foreign language

excellent good basic knowledge no knowledge

Spanish: Mother tongue Foreign language

excellent good basic knowledge no knowledge

Italian: Mother tongue Foreign language

excellent good basic knowledge no knowledge

Portuguese: Mother tongue Foreign language

excellent good basic knowledge no knowledge

Russian: Mother tongue Foreign language

excellent good basic knowledge no knowledge



Languages:

<input type="checkbox"/> Turkish:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<input type="checkbox"/> Polish:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<input type="checkbox"/> Czech:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<input type="checkbox"/> Hungarian:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<input type="checkbox"/> Danish:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<input type="checkbox"/> Netherlands:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<input type="checkbox"/> Swedish:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<input type="checkbox"/> Norwegian:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<input type="checkbox"/> Finnish:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<input type="checkbox"/> Arabian:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge

Other foreign languages: _____

Notices foreign languages: _____

Driving licence:

yes no Class (German) 1 2 3 Own car: yes no

Other driving licences: _____

Driving experience: excellent good fairly bad

Legitimation:

Identity card (German) Passport (Copy attached)

Work permit unlimited: yes no

Work permit limited: yes no from _____ to _____

German Green-Card: yes no

US Green-Card: yes no

Officially reported at (city): _____



Your family:

Martial status: single married divorced widowed

Name of spouse: _____

Occupation of spouse: _____

Spouse is employed with: _____

Children: yes no how many: _____ age: _____

Care of children: kindergarden school boarding school grandparents

Brothers and sisters: yes no how many: _____ age: _____

Pets: yes no which ones: _____

I like animals yes no scared of dogs? yes no

Hobbies: _____

Sports: _____

Your health:

Non-smoker: yes no Addictions: yes no

Acute diseases? yes no

If yes, which one? _____

Caved diseases/illness as child: _____

Poss. problems/allergies: _____

Do you live with a handicap? yes no

Which handicap: _____

Grade of handicap: _____

Medical or psychological treatment since/which one: _____

Health certificates: yes no date: _____

Others:

Your faith: r.c. ev. other: _____

Clearance certificate at hand: yes no will be filed subsequently

Current penologic action: yes no will be filed subsequently

Are you previously convicted? yes no

Strength/weaknesses:



Self-assessment:

Care of children
Governess of children
Care of family

	excellent	good	well	no knowledge
Care of children education:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of infants:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governess:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field:	-----			
Encouragement creative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouragement intellectual:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In agreement with parents:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private lessons/subjects:	-----			
Help with homework:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care at recreational Activities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving services for kids:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education in arts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I play a musical instrument: yes <input type="checkbox"/> no <input type="checkbox"/> which:	-----			

Householding

Housekeeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel management:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Babysitting":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing of children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing of the elderly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of the elderly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Normal cooking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of breakfast:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordinance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Errands/shopping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ironing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of silverware:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experience with objects of art and antiques:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gardening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretarial duties:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care of animals:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24-Hrs.-Service possible <input type="checkbox"/>	W/E service possible:	continuous <input type="checkbox"/>	sporadic <input type="checkbox"/>	
Others: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date / place

Applicant's signature

