



LAKEVIEW DOMESTIC AGENCY, INC.

CANDIDATE APPLICATION

DATE:

NAME:

HOME PHONE: CELL PHONE:

ADDRESS:

DRIVERS LICENSE NUMBER: OWN A CAR: Yes No:

SOCIAL SECURITY NUMBER:LEGAL STATUS:

BIRTHDATE: BIRTHPLACE:

MARITAL STATUS: Single: Married: Separated: Divorced: Widowed:

CHILDREN: Yes: No: AGE OF CHILDREN:

HOW LONG IN THE UNITED STATES?

EDUCATION: High School: College/ University:

DEGREES:

LANGUAGES SPOKEN:

Are you qualified, licensed in any health, medical or related field? Yes: No:

If yes please indicate here:

DO YOU:

Smoke: Yes: No:

Have allergies: Yes: No: Describe:

Object to pets: Yes: No: Describe:

Swim: Yes: No:

Have CPR/ First Aid Training: Yes: No:

Have you ever been investigated, or arrested for a criminal offense: Yes: No:

If yes, explain:

Have you ever been admitted to, or been a subject to an investigation for an act of child abuse, battering, or molesta-

tion? Yes: No: Explain:

POSITION APPLYING FOR: NANNY: HOUSEKEEPER: COMPANION:

PERSONAL ASSISTANT: HOME CARE ASSISTANT:

TYPE OF POSITION: LIVE OUT: LIVE IN: FULL-TIME: PART-TIME:

SALARY DESIRED: DATE AVAILABLE FOR EMPLOYMENT:

SIGNATURE: DATE:





LAKEVIEW DOMESTIC AGENCY, INC.

CANDIDATE APPLICATION

EMPLOYMENT REFERENCES

1.
EMPLOYER:

ADDRESS:

HOME PHONE: BUSINESS PHONE:

STARTING DATE: ENDING DATE:

NUMBER OF CHILDREN: AGE OF CHILDREN:

YOUR TITLE AND DUTIES:

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REASON FOR LEAVING:

2.
EMPLOYER:

ADDRESS:

HOME PHONE: BUSINESS PHONE:

STARTING DATE: ENDING DATE:

NUMBER OF CHILDREN: AGE OF CHILDREN:

YOUR TITLE AND DUTIES:

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REASON FOR LEAVING:

SIGNATURE: DATE:

ADDITIONAL REFERENCES:.....

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PLEASE CALL TO SCHEDULE AN INTERVIEW.

