



LAKEVIEW DOMESTIC AGENCY, INC.

FAMILY REGISTRATION

DATE:

EMPLOYER NAME:

ADDRESS:

HOME PHONE: BUSINESS PHONE:

TYPE OF POSITION: LIVE OUT: LIVE IN: FULL-TIME: PART-TIME:
WEEKENDS:..... PERMANENT: TEMPORARY:

DAYS: HOURS:

STARTING DATE: ENDING DATE:

NUMBER OF CHILDREN: AGE OF CHILDREN:

QUALIFICATIONS REQUIRED:

.....
.....

DUTIES AND RESPONSIBILITIES:

.....
.....

DRIVERS LICENSE REQUIRED? Yes: No: CAR/ PROVIDED:..... OWN:

PETS: NEED TO BE WALKED OUT?

WHAT IS YOUR POLICY REGARDING SMOKING?:

DO YOU TRAVEL AS A FAMILY? IF SO, HOW OFTEN, WOULD THE CHILDCARE PROVIDER NEED TO ACCOMPANY YOU OR WOULD THE TIME OFF BE PAID?

DO ANY OF THE PARENTS WORK FROM HOME?

WHICH OF THE FOLLOWING DO YOU PROVIDE?
PAID HOLIDAYS: PAID OVERTIME: PAID VACATION:
ANNUAL REVIEW: SICK DAYS:

HOW DID YOU HEAR ABOUT LAKEVIEW DOMESTIC AGENCY?

SIGNATURE: DATE:

PLEASE FAX OR E-MAIL APPLICATION AND WE WILL CONTACT YOU SHORTLY!

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