



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: _____

Please insert your portrait
with a relaxed smile

Online code no.: _____

Weight/kg: _____ Size/cm: _____

I apply for:

<input type="checkbox"/> [%] Housekeeper	<input type="checkbox"/> [%] Nanny governess	<input type="checkbox"/> [%] Driver
<input type="checkbox"/> [%] Matron	<input type="checkbox"/> [%] Nanny nurse	<input type="checkbox"/> [%] Bodyguard
<input type="checkbox"/> [%] Housekeeper nanny	<input type="checkbox"/> [%] Nurse for the elderly	<input type="checkbox"/> [%] Allrounder
<input type="checkbox"/> [%] Housekeeper lady's companion	<input type="checkbox"/> [%] Caretaker (couple)	<input type="checkbox"/> [%] Gardener
<input type="checkbox"/> [%] Housemaid	<input type="checkbox"/> [%] Servant (couple)	<input type="checkbox"/> [%] Cook
<input type="checkbox"/> [%] Cleaning lady	<input type="checkbox"/> [%] Butler Major Domme	<input type="checkbox"/> [%] 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?

Starting salary gross Euro:

After probation gross Euro:

Starting salary net Euro:

at _____ hours per week

Salary requirement:

Job experience:

Office ☐ Hotel ☐ Catering ☐

Private household ☐

Other job experience:

Job experience since:

Languages:

☐ German: ☐ Mother tongue ☐ Foreign language

English: ☐ excellent ☐ good ☐ basic knowledge ☐ no knowledge

☐ French: ☐ Mother tongue ☐ Foreign language

Spanish: ☐ excellent ☐ good ☐ basic knowledge ☐ no knowledge

☐ Italian: ☐ Mother tongue ☐ Foreign language

Portuguese: ☐ excellent ☐ good ☐ basic knowledge ☐ no knowledge

☐ ☐ Mother tongue ☐ Foreign language

☐ excellent ☐ good ☐ basic knowledge ☐ no knowledge

☐ ☐ Mother tongue ☐ Foreign language

☐ excellent ☐ good ☐ basic knowledge ☐ no knowledge

☐ ☐ Mother tongue ☐ Foreign language

Russian: ☐ excellent ☐ good ☐ basic knowledge ☐ no knowledge

☐ ☐ 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"/> Polish:	<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"/> Hungarian:	<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"/>	<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"/>	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
<input type="checkbox"/> Swedish:	<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"/> Finnish:	<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
<input type="checkbox"/>	<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"/>	<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 ☐ from to

Work permit limited: yes ☐ no ☐

German Green-Card: ☐ ☐

US Green-Card: ☐ ☐

Officially reported at (city):

Your family:

Marital 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: _____

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

Householding

	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities:				
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:				
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:				
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others: <input type="checkbox"/> W/E service possible: continuous <input type="checkbox"/> sporadic <input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date / place

Applicant's signature