



White Glove

Staffing

CLIENT INQUIRY FORM

Position Inquiry

- | | | |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Housekeeper | <input type="checkbox"/> Chef | <input type="checkbox"/> Couple |
| <input type="checkbox"/> Nanny | <input type="checkbox"/> House Manager | <input type="checkbox"/> Caregiver |
| <input type="checkbox"/> Baby Nurse | <input type="checkbox"/> Butler | <input type="checkbox"/> Other |
| <input type="checkbox"/> Live-in | <input type="checkbox"/> Live-out | |

Name & Contact Information

Last..... First Middle

Street Address.....

City State Zip Code

Home Phone Work Phone Pager/Cell

Email Address:

Work Description

Proposed Start Date: Length of Stay

Describe living quarters for the Live-in

.....

Hours of work.....

Do you have children? [] Yes [] No

Please list each child by name, age and gender.

Name Age [] M [] F

Name Age [] M [] F

Name Age [] M [] F

Name Age [] M [] F

Name Age [] M [] F

Name Age [] M [] F

Are you providing benefits? [] Yes [] No

Please describe your ideal person:

.....
.....
.....
.....

Salary Range

Job Description:

.....
.....
.....
.....

How did you hear about us?.....

Comments:

.....
.....
.....
.....