



## EMPLOYMENT APPLICATION

### Name & Contact Information

Last..... First ..... Middle .....

Street Address .....

City ..... State ..... Zip Code .....

Home Phone ..... Work Phone ..... Pager/Cell .....

Email Address: .....

### Personal Information

Are you 18 or older and can you provide proof of your age? [ ] Yes [ ] No

Do you smoke? [ ] Yes [ ] No

Are you legal to work in the United States? .....

Are you willing to work in a home with animals/pets? .....

Are you comfortable working with a family that is of a different religion than you? [ ] Yes [ ] No

Are there any languages other than English that you speak? [ ] Yes [ ] No

If so, please list all languages you speak .....

Is there anything that would hinder your ability to perform the duties expected in the position that you are applying for? .....

.....

.....

.....

.....

**Driving, Automobile, Insurance & Criminal Information**

Do you have a valid driver’s license? [ ] Yes [ ] No

Do you have reliable transportation to and from work? [ ] Yes [ ] No

Do you have any points on your driving record? [ ] Yes [ ] No

If yes, please explain:.....

Have you ever been convicted of a felony? [ ] Yes [ ] No

If yes, please explain:.....

*Please do not include any information about any arrest or detention that did not result in a conviction; any conviction where your record has been expunged, sealed or eradicated; any misdemeanour conviction where you have completed probation and the case has been dismissed; or any arrest where you have successfully completed a pretrial diversion program.*

*\*\*The existence of a criminal record is not an absolute bar to referrals, placements or employment. \*\**

**Position(s) for which you are applying (check all that apply)**

- [ ] Housekeeper
- [ ] Maid
- [ ] Butler
- [ ] House Manager
- [ ] Mother’s Helper
- [ ] Houseman
- [ ] Nanny
- [ ] Baby-sitter / Child Care
- [ ] Personal Assistant
- [ ] Laundress
- [ ] Cook
- [ ] Elderly Care/Companion
- [ ] Errands
- [ ] Seasonal Help
- [ ] Party Help
- [ ] Chef
- [ ] Chauffeur/Driver
- [ ] Other

**Availability / desired schedule for employment**

- [ ] Live-In
- [ ] Full Time
- [ ] Monday – Friday
- [ ] Certain Days
- [ ] Live-Out
- [ ] Part Time
- [ ] Attending School
- [ ] Certain Hours
- [ ] Days
- [ ] Nights
- [ ] Weekends
- [ ] Others

If Certain Days and/or Hours, please explain: .....  
.....  
.....  
.....

**Please check all that apply to you. Skills that you already have or are willing to learn**

Cleaning	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy
Floors	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy
Laundry	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy
Ironing	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy
Cooking	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy
Child Care	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy
Errands	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy
Travel	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy

**Child Care Information**

Your favourite ages of children to care for:..... How many at one time?.....  
What types of activities will you do with the children?.....  
Do you swim?  None  Good  Excellent  
Do you enjoy swimming?  No  Yes  
Are you currently CPR Certified?  No  Yes  
Have you ever had Paediatric CPR training?  No  Yes. When.....  
Tell us how you feel about carpooling  Never  Sometimes  Daily  
How many children at one time?..... In your car?  No  Yes. Employers car?  No  Yes

**Housekeeping Information**

Do you know how to polish silver properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Willing to learn
Do you know how to care for marble properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Willing to learn
Do you know how to make a bed with hospital corners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Willing to learn
Do you know how to care for hardware floors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Willing to learn
Do you know how to maintain closet areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Willing to learn
Do you know how to properly use a dishwasher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Willing to learn
Do you know how to operate security systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Willing to learn
Do you know how to care for antique furniture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Willing to learn
Do you know how to care for carpets and rugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Willing to learn

## Laundry Information

### Do you know how to:

- Properly sort clothes for washing?  Yes  No  Willing to learn  
Launder washable silk items?  Yes  No  Willing to learn  
Launder delicate garments?  Yes  No  Willing to learn

### Do you know how to iron: *(please answer all questions below)*

- Children's school uniforms?  Yes  No  Willing to learn  
Delicate silk clothing?  Yes  No  Willing to learn  
Men's white shirts?  Yes  No  Willing to learn  
Sheets?  Yes  No  Willing to learn  
Linens and tablecloths?  Yes  No  Willing to learn

What items do you like to use bleach on? .....

What items do you like to use starch on? .....

Do you read and understand care labels on garments?  Yes  No  Willing to learn

## Cooking Information

- Are you willing to cook?  Breakfast  Lunch  Dinner  
Do you cook?  From Memory  From Recipe  
How well do you cook?  Absolutely None  Below Average  Some  
 Willing  Average  Above Average  
Are you willing to shop for groceries?  No  Yes  
For occasional items?  No  Yes  
Are you skilled at light menu items?  No  Yes  Willing to learn  
Do you have Kosher home experience?  No  Yes  Willing to learn  
Can you prepare restricted diet items?  No  Yes  Willing to learn  
Favourite item to cook: .....



**Personal References** *(Do not list relatives or former employers) List friends, neighbours, work associates, etc.*

Name ..... Telephone Number .....

How do you know this person ..... Years Known.....

Name ..... Telephone Number .....

How do you know this person ..... Years Known.....

Name ..... Telephone Number .....

How do you know this person ..... Years Known.....

**Emergency Contact** *(Person to be notified in the event of an accident or emergency.)*

Name .....

Home Phone ..... Work Phone .....

Are you allergic to any medications? [ ] No [ ] Yes

If yes, list medication allergic to.....

**Education**

Name .....

High School Name .....

Grade Completed ..... Course/Degree.....

Name .....

Special/Military .....

Grade Completed ..... Course/Degree.....

Name .....

High School Name .....

College..... Course/Degree.....



# EMPLOYMENT & VOLUNTEER HISTORY

Please complete all sections of each job listing *(List Most Recent Job/Volunteer position first)*

Dates: From (dd/mm/yy) ..... To (dd/mm/yy) .....  
Employer/ Volunteer Organizer Name .....  
Address.....  
Phone Number(s) .....  
Compensation: Start.....End .....  
Reason for leaving.....  
Position / Duties / Ages of Children in the household: .....  
.....  
Supervisor Name:.....Phone:.....

Dates: From (dd/mm/yy) ..... To (dd/mm/yy) .....  
Employer/ Volunteer Organizer Name .....  
Address.....  
Phone Number(s) .....  
Compensation: Start.....End .....  
Reason for leaving.....  
Position / Duties / Ages of Children in the household: .....  
.....  
Supervisor Name:.....Phone:.....

Dates: From (dd/mm/yy) ..... To (dd/mm/yy) .....  
Employer/ Volunteer Organizer Name .....  
Address.....  
Phone Number(s) .....  
Compensation: Start.....End .....  
Reason for leaving.....  
Position / Duties / Ages of Children in the household: .....  
.....  
Supervisor Name:.....Phone:.....

## PLEASE READ CAREFULLY, SIGN AND DATE

I certify that all information that I provided in this application is true, accurate, complete and correct. I authorize investigation of all information provided in this application unless I have indicated otherwise. I authorize the parties, entities and references I listed in this document to provide all information they may have regarding me and my character. I authorize the disclosure of any information about me, including but not limited to information obtained from the parties, entities and references I listed in this document, to White Glove Staffing, its affiliated entities and representatives, and clients and potential employers. I understand and agree that any misrepresentation, falsification or material omission of information on this application may be grounds for White Glove Staffing to refuse to refer or place me.

I understand that White Glove Staffing does not unlawfully discriminate in referrals or placements, and that no question on this application is used for the purpose of limiting or excusing any applicant for consideration for referral, placement or employment on any basis prohibited by applicable laws or regulations.

I release White Glove Staffing and its owners, agents, employees, officers, directors, attorneys, representatives, clients, and affiliated entities from any and all liability as a result of soliciting, providing or receiving information regarding me or my character, or the use or disclosure of such information.

I understand and agree that the information supplied on this application has been given for the purpose of evaluating my qualifications for employment with White Glove Staffing' clients. However, I understand and agree that White Glove Staffing does not guarantee my referral, placement, employment or terms of employment.

I understand and agree that my work schedule and my method, manner and means of employment, and any other terms and conditions of my employment, will be determined by me and any White Glove Staffing client that hires or otherwise engages my services. I understand and agree that White Glove Staffing will not be responsible for my direction, supervision, control or compensation, and that White Glove Staffing is not and will not be my employer or co-employer. Rather, I understand and agree that the client will be solely responsible for my direction, supervision, control and compensation, and that **the client will be my employer**. Accordingly, I understand and agree that I will be responsible for all employee related taxes, withholdings, obligations and requirements according to applicable law.

I further understand and agree that if White Glove Staffing refers me to a client, I will notify White Glove Staffing if the client hires me or otherwise engages my services. If a client hires me or otherwise engages my services, I also agree to immediately inform White Glove Staffing if my work hours or compensation increase or are different than what they were originally when White Glove Staffing placed me with the client.

## **DISCLAIMER / WAIVER / HOLD HARMLESS / LIMITATION OF LIABILITY**

White Glove Staffing assumes no liability or responsibility for, and makes no representations or warranties about, any information or services it provides. **Your use of White Glove Staffing' services is at your own risk.** Except as specified herein, White Glove Staffing does not provide and specifically disclaims any express or implied guarantees or warranties to you. Additionally, White Glove Staffing does not employ or exercise control or discretion over clients and disclaims all responsibilities for clients' conduct or omissions.

By signing this document, to the maximum extent allowed by law, you waive and release White Glove Staffing and its owners, agents, employees, officers, attorneys, representatives and affiliated entities from all liability, including but not limited to liability arising from negligence or the actions of any third party, including but not limited to clients. However, this document does not limit either party's right, where applicable, to file, cooperate with or participate in an investigative proceeding of any governmental entity, or to file charges that do not seek personal relief for released claims with any governmental entity.

Additionally, you shall indemnify, defend and hold White Glove Staffing and its owners, agents, employees, officers, attorneys, representatives and affiliated entities harmless against any damages or liability whatsoever arising out of or in any way in connection with your referral to or employment or association with White Glove Staffing' clients.

Finally, to the maximum extent allowed by law, neither party to this agreement shall be liable to another party to this agreement for consequential, incidental, exemplary, punitive, special or indirect damages of any kind. If any waiver, exclusion or limitation of damages is not permitted by law, the parties' liability to each other is limited to the maximum extent permitted by law.

## **MISCELLANEOUS**

This agreement shall be governed by and interpreted according to Georgia law. Any action or proceeding commenced regarding this Agreement shall be brought in Gwinnett County, Georgia.

This agreement constitutes the entire agreement between White Glove Staffing and you and supersedes all prior oral and written agreements between White Glove Staffing and you with respect to the subjects covered in this agreement. This agreement shall not be amended or modified except in a mutually agreed upon writing signed by you and an authorized representative of White Glove Staffing.

The terms of this agreement are severable and may be reformed. The invalidity or unenforceability of any provision within this agreement shall not affect the application of any other provision, provided that the essential terms and conditions of this agreement for each party remain valid, binding and enforceable.

The parties to this agreement hereby certify, represent and warrant that they have carefully read this agreement and that they fully understand its final and binding effect.

**Applicant**

**White Glove Staffing**

Signature ..... Signature .....

Date ..... Date .....