



YOUR EXPERT FOR HOUSEPERSONNEL SINCE 1993  
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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: \_\_\_\_\_

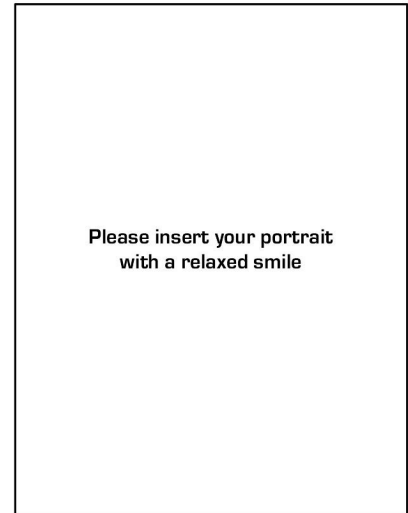
E-mail: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Your dress size: \_\_\_\_\_



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
<hr/>		
Polish:	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<hr/>		
<input type="checkbox"/> Czech:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
<hr/>		
Hungarian:	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<hr/>		
<input type="checkbox"/> Danish:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
<hr/>		
Netherlands:	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<hr/>		
<input type="checkbox"/>	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
<hr/>		
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<hr/>		
<input type="checkbox"/>	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
<hr/>		
Swedish:	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<hr/>		
<input type="checkbox"/> Norwegian:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
<hr/>		
Finnish:	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<hr/>		
<input type="checkbox"/> Arabian:	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
<hr/>		
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<hr/>		
<input type="checkbox"/>	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
<hr/>		
	<input type="checkbox"/> excellent	<input type="checkbox"/> good <input type="checkbox"/> basic knowledge <input type="checkbox"/> no knowledge
<hr/>		
<input type="checkbox"/>	<input type="checkbox"/> Mother tongue	<input type="checkbox"/> Foreign language
<hr/>		
	<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