

**BETTER BY AUDREY**  
**HOUSECLEANING, NANNY and PERSONAL ASSISTANT PLACEMENT SERVICES**

**PERSONAL ASSISTANT APPLICATION-Part 1**

Date of Application \_\_\_\_\_

Full Name and Address:

\_\_\_\_\_

Home number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email address \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (It is only used for verification purposes. You may wait to provide this in person.)

What is your nearest contact's name and phone number?

\_\_\_\_\_

Your current employer or school \_\_\_\_\_ Is it FT or PT? \_\_\_\_\_

Does your employer know of your plans to change jobs? Yes \_\_\_\_ No \_\_\_\_

Why do you desire to make a change? \_\_\_\_\_

List highest level of education achieved/what school/what degree?

\_\_\_\_\_

Do you want [ ] FT [ ] PT [ ] TEMPORARY or [ ] PERMANENT WORK?

How much money do you need to make each week? \_\_\_\_\_

What days and hours are you available to work? Saturday work is optional.

Mon. \_\_\_\_\_

Tues. \_\_\_\_\_

Wed. \_\_\_\_\_

Thurs. \_\_\_\_\_

Fri. \_\_\_\_\_

Sat. \_\_\_\_\_

When would you be available to start this new position? \_\_\_\_\_

How many miles are you willing to drive from your home to your place of work? \_\_\_\_\_

Do you have any active applications outstanding such as for a mission trip, internship, school or

other employment about which you are waiting to hear? If yes, please explain.

Do you ever smoke? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_ If yes, what are they? \_\_\_\_\_

Do you have a Driver's License? \_\_\_\_\_

Do you have transportation that is reliable and doesn't often breakdown? \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

List any restrictions on your license \_\_\_\_\_

Your auto insurance company \_\_\_\_\_

Do you have a current auto insurance policy? \_\_\_\_\_

Do you have back-up transportation if you have car problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what is your plan?

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If "no", you must provide documentation of your work status (Work Visa, Student Visa, Green Card). Failure to provide such documentation may affect your status with this agency.

Do you have a Work Visa Yes \_\_\_ No \_\_\_ ; Green Card Yes \_\_\_ No \_\_\_

Have you ever been dismissed from a job for any reason? Yes \_\_\_ No \_\_\_

Have you ever held a position of trust? Yes \_\_\_ No \_\_\_

Have you ever been disciplined in any way, as an adult, for an act of dishonesty?

Yes \_\_\_ No \_\_\_ If "yes", please explain: \_\_\_\_\_

This position may require lifting, bending and reaching. It may involve climbing stairs and carrying supplies and equipment up and down stairs. Are you able to perform this sort of work repetitively week after week and month after month? \_\_\_\_\_

Have you had any illness in the last 5 years? \_\_\_\_\_ If 'yes', please give dates and conditions.

Do you have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is "No", do you need this position to provide you with medical insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Employment History**

List your employment history for the last 5 years. Start with your present or most recent job. Current Email addresses and phone numbers are needed.

1) Dates of Employment: month/year \_\_\_\_\_ to month/year \_\_\_\_\_  
Business Name \_\_\_\_\_  
Supervisor and his/her title \_\_\_\_\_  
**Email address** \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
Your job titles and duties \_\_\_\_\_  
May I contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
Specific reason for leaving this position:

(2) Dates of Employment: month/year \_\_\_\_\_ to month/year \_\_\_\_\_  
Business Name \_\_\_\_\_  
Supervisor and his/her title \_\_\_\_\_  
**Email address** \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
Your job titles and duties \_\_\_\_\_  
May I contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
Specific reason for leaving this position:

(3) Dates of Employment: month/year \_\_\_\_\_ to month/year \_\_\_\_\_  
Business Name \_\_\_\_\_  
Supervisor and his/her title \_\_\_\_\_  
**Email address** \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
Your job titles and duties \_\_\_\_\_  
May I contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
Specific reason for leaving this position:

(4) Dates of Employment: month/year \_\_\_\_\_ to month/year \_\_\_\_\_  
Business Name \_\_\_\_\_  
Supervisor and his/her title \_\_\_\_\_  
**Email address** \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
Your job titles and duties \_\_\_\_\_  
May I contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
Specific reason for leaving this position:

(5) Dates of Employment: month/year \_\_\_\_\_ to month/year \_\_\_\_\_  
Business Name \_\_\_\_\_

Supervisor and his/her title \_\_\_\_\_

**Email address** \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Your job titles and duties \_\_\_\_\_

May I contact them? Yes \_\_\_\_\_ No \_\_\_\_\_

Specific reason for leaving this position:

Please explain any gaps in employment of two months or longer.

### **Character References**

List at least 3 character/personal references that have known you well for at least 2 years (non relatives). Email addresses and phone numbers are requested.

1. Name \_\_\_\_\_

Cell number \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to you \_\_\_\_\_

How long have you known each other? \_\_\_\_\_

2. Name \_\_\_\_\_

Cell number \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to you \_\_\_\_\_

How long have you known each other? \_\_\_\_\_

3. Name \_\_\_\_\_

Cell number \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to you \_\_\_\_\_

How long have you known each other? \_\_\_\_\_

Do you have any personal problems or responsibilities that may affect your job performance, reliability or daily attendance? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", please explain.

What do you expect to be doing 3 months from now?

If you weren't doing this type of work, what would you be doing?

How do you see yourself in 1 year?

What have you disliked about previous jobs?

Do you presently have any plans that will require time off from work? If so, what are the dates that you will be unable to work?

**PERSONAL ASSISTANT APPLICATION- Part 2**

Do you have experience as a personal assistant? Yes \_\_\_\_\_ No \_\_\_\_\_

If “yes”, describe your most recent personal assisting position. How long were you there, why did you leave, how large was the house, what responsibilities did you have other than regular housecleaning?

What leads you to believe that you are an excellent personal assistant?

What do you find rewarding about this type of work?

What frustrates or bores you about this type of work?

Do you have any allergies?

**I AFFIRM THAT ALL INFORMATION PROVIDED BY ME TO “BETTER BY AUDREY” IS CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.**

Signature \_\_\_\_\_

Printed Name and Date \_\_\_\_\_