

Grapevine Placement Agency

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HOUSEHOLD PLACEMENT APPLICATION

Primary Name: _____

Occupation: _____ Employer Name: _____

Office Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Spouse's Name: _____

Occupation: _____ Employer Name: _____

Office Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Home Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Best Number to reach you during business hours: _____

Are there Children in the Household? Yes No If yes, please provide the following information:

Name	Gender	D.O.B.	Grade	School Schedule

Are there other Adults in the Household? Yes No If yes, please explain: _____

Do either you or your partner work from a home office? If yes, how often? _____

Please check your needs: Household Manager Nanny Personal Assistant Housekeeper Chef Gardener

Full-Time (30+ hrs/wk) Part-Time (Under 30 hrs/wk) Long-Term (12 wks plus) Temporary (Under 12 wks) Live-Out Live-In

Start Date: _____ End Date: _____

Days & Hours Needed: Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____ Other _____

Are they required to work evenings? Yes No If yes, how often: _____

Are they required to work holidays? Yes No If yes, how often: _____

Is a uniform required? Yes No Preferred Dress Code? Yes No If yes, please describe: _____

HOUSEHOLD

What are the tasks that the Candidate will be expected to perform?

HOUSEKEEPING: Cleaning of Entire House Partial House Guest House Other _____
Approximate Square Feet: _____ Number of Floors: _____
Number of Bedrooms: _____ Number of Bathrooms: _____

Please describe your cleaning expectations: _____

LAUNDRY: Adult Laundry Children's Laundry Linens Other _____

IRONING: All Clothing Linens Limited Touch-ups Men's Shirts Fine Fabrics Other _____

VALET/WARDROBE MAINTENANCE: Maintain Wardrobe Organize Closets Maintain Dry Cleaning
 Shoe Maintenance Alterations/Mending Other _____

COOKING: Breakfast Lunch Dinner Snacks Other _____
 Basic Food Prep Grocery Shopping Setting the Table Serving Washing Dishes Other _____
Frequency: _____ For Whom: _____

Do you follow any dietary practices to which you would like the candidate to adhere? Any food allergies?

If so, please describe: _____

DRIVING: Chauffeur Carpool Driving Children Errands Auto Care Other _____

Is it essential that the Candidate bring his/her vehicle to the job? Yes No

Is there a vehicle available for the Candidate to use during his/her work hours? Yes No

If yes, what restrictions and responsibilities will you expect of your Candidate? _____

Vehicle provided for household use only Vehicle provided for household & personal use

If the Candidate brings his/her own vehicle, how do you plan to reimburse him/her for insurance or gas if she uses it for your driving needs? _____

MAINTENANCE & REPAIRS: Interior Maintenance/Repairs Exterior Maintenance/Repairs Manage Grounds
 Manage Gardening Security Home Technology Other _____

COMPANION: Bathing/Grooming Assistance Escort/Companionship Errands Men's Shirts Exercise/Mobility
 Medication Reminders Other _____

CHILDCARE: Frequency: _____ For Whom: _____
Please describe what the childcare responsibilities will be? _____

Please describe a typical day for the Candidate? _____

What characteristics are you looking for in your Candidate? _____

PET CARE: What types of pets do you have in your home? _____

Are the animals: Indoor Outdoor

Duties include: Feed Walk Groom Take to the Vet Clean-up after Other _____

HOME MANAGEMENT: Hire Household Staff Supervise Household Staff Schedule Service Personnel Household
 Bookkeeping Event Planning Other _____

COMPUTER SKILLS: PC Macintosh E-mail Internet Search Troubleshooting Other _____

Does your Candidate need to speak fluent English? Yes No

ENVIRONMENT

Is the position for your Primary Residence? Yes No If no, please explain _____

Is the Candidate responsible for other properties? Yes No If yes, please explain _____

Is your home Formal Casual House Apartment Condo

Do you have a swimming pool? Yes No If yes, will the Candidate be required to swim? Yes No

Is the Candidate required to travel? Yes No If yes, will they travel: With the Family Without the Family

Frequency: _____ Destinations: _____

Please describe the Candidates responsibilities while traveling: _____

Do you require a non-smoker? Yes No Anyone in the home smoke? Yes No Do they smoke in the home? Yes No

Do you employ other domestic help? Yes No If yes, please list: _____

LIVE-IN ONLY: Room & Bath with separate entrance Room in house with private bath
 Room in house with shared bath Detached Cottage

If applicable, briefly describe living space you will provide your Candidate: _____

Please indicate any additional comments, concerns, or special situations or needs: _____

What makes the job you are offering unique, interesting, and especially appealing? _____

COMPENSATION

PAY RANGE

Wages on an hourly basis: \$12-\$14 \$14-\$16 \$16-\$18 \$18-\$20 \$20-\$25 \$25-\$30 \$30-\$40
Other _____

Wages per Week: \$300-\$400 \$400-\$500 \$500-\$600 \$600-\$700 \$700-\$800 \$800-\$1000 \$1000-\$1500
Other _____

How often will the Candidate be paid? Daily Weekly Bi-weekly Monthly

BENEFITS

Please indicate any benefits you will offer your Candidate:

Medical Dental Vacation Sick Leave Car Insurance Paid Holidays Cell Phone

Please describe any other benefits you will offer your Candidate: _____

REFERENCES

Please list any in-home staffing you have previously employed:

Name: _____
Phone: _____ Dates Employed: ____/____/____ to ____/____/____
Reason for leaving: _____

Name: _____
Phone: _____ Dates Employed: ____/____/____ to ____/____/____
Reason for leaving: _____

Name: _____
Phone: _____ Dates Employed: ____/____/____ to ____/____/____
Reason for leaving: _____

Personal References:

Name: _____
Relationship: _____ Years Known: _____
Occupation: _____ Phone: _____

Name: _____
Relationship: _____ Years Known: _____
Occupation: _____ Phone: _____

Name: _____
Relationship: _____ Years Known: _____
Occupation: _____ Phone: _____

Grapevine Placement Agency was recommended to you by:

- I am a previous Client Advertisement Newspaper Internet
 Friend: _____ Other _____

Thank you for applying with Grapevine Placement Agency. We appreciate your business and look forward to working with you! Please remit the Application and your signed and dated Employer and Agency Agreement by email, fax to: (707) 256-3455 or to the following mailing address:

Grapevine Placement Agency
1370 Trancas St. #110
Napa, CA 94558

The completion of this application does not guarantee the placement of a candidate with any specific employer. We accept candidates based on merit and experience. We do not take into consideration race, religion, gender or any other issue that does not directly pertain to skills required to perform the work of a professional candidate.

Signature

Date

Signature

Date