

**Ursula's Select Domestic Services**  
517 S. Cumberland Ave.  
Park Ridge, IL 60068

Ph. 847-720-3639

Fax 847-720-4216

**SERVICE APPLICATION**

**Family Information**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Occupation \_\_\_\_\_

Spouses' Information (if applicable):

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Occupation \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cellular \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Position Required**

(please check)

Nanny _____	Elderly Care _____
Child Care _____	Companion _____
Housekeeper _____	Cleaning Service _____
Tutoring _____	Other _____

Age preference (if any) \_\_\_\_\_

If childcare position is required, please list the following:

<u>Name</u>	<u>Age</u>	<u>Special Needs</u>
1. _____		
2. _____		
3. _____		
4. _____		

If elderly care is required, please list the following:

<u>Name</u>	<u>Age</u>	<u>Special Needs</u>
1. _____		
2. _____		

## Job Description

(please check)

Live In/ Full Time \_\_\_\_\_ Part Time(hours per week/day) \_\_\_\_\_

Live Out /Full Time \_\_\_\_\_ Weekends Only \_\_\_\_\_

Other \_\_\_\_\_

Days Required (please circle):

Mon Tue Wed Thu Fr Sat Sun 24-hours

Specify if the position requires:

Valid Driver's License \_\_\_\_\_

Owning a vehicle \_\_\_\_\_

Does not matter \_\_\_\_\_

## Responsibilities Required

Laundry \_\_\_\_\_

Ironing \_\_\_\_\_

Driving \_\_\_\_\_

Light Housekeeping \_\_\_\_\_

Errands \_\_\_\_\_

Travel (domestic/international) \_\_\_\_\_

Grocery Shopping \_\_\_\_\_

Tutoring \_\_\_\_\_

Cooking \_\_\_\_\_

Pet Care \_\_\_\_\_

Lifting \_\_\_\_\_

Dressing \_\_\_\_\_

Other \_\_\_\_\_

Personal grooming \_\_\_\_\_

Assistance with walking \_\_\_\_\_

Desired date to start employment \_\_\_\_\_

Live-in weekly salary range from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Gross/Net

Hourly salary range if part-time/live out from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Gross/Net

List any available benefits:

Vacation \_\_\_\_\_

Health Insurance \_\_\_\_\_

401K \_\_\_\_\_

Life Insurance \_\_\_\_\_

Car Allowance \_\_\_\_\_

Personal Use of a Car \_\_\_\_\_

If live-in, please specify accommodations:

Private Room\_\_\_\_\_ Private Bath\_\_\_\_\_

Private Entrance\_\_\_\_\_ TV in Room\_\_\_\_\_

Other\_\_\_\_\_

Meals for Live-In:

With the family\_\_\_\_\_

Separate Meals\_\_\_\_\_

Optional\_\_\_\_\_

Please list additional requirements :

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### **Previous Experience With Domestic Help**

Have you ever employed any domestic help? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please, describe the experience: Live-In\_\_\_\_\_Live-Out\_\_\_\_\_

Comments:\_\_\_\_\_

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We appreciate your interest in our agency, and please let us know how did you hear about us:

Newspaper (specify which) \_\_\_\_\_

Internet \_\_\_\_\_

Repeat Client \_\_\_\_\_

Other \_\_\_\_\_