



**APPLICATION FORM**

**Surname:** \_\_\_\_\_ Single / Married / Separated / Divorced / Widowed

**Christian Name:** \_\_\_\_\_ **Normally Called:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Tel. No. (work):** \_\_\_\_\_  
(std code) (number)

\_\_\_\_\_ **Tel. No.(home):** \_\_\_\_\_  
(std code) (number)

**Nationality:** \_\_\_\_\_ **Mobile Number:** \_\_\_\_\_

**Position Required:** Au Pair  Mothers Help  DoB \_\_\_\_\_  
Nanny  Domestic  Age \_\_\_\_\_ years

\*Residential / Non Residential. Passport Number \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Educational Background:** (Please give type of school / college / university attended and qualifications)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History:** (commence with present employment and list previous jobs)

Employer	Job Title	Date of Start / Finish
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Health Record:** \_\_\_\_\_

**Experience with Children:** (Please give as much detail as possible)

\_\_\_\_\_  
\_\_\_\_\_

Have you experience in the care of children:

Aged Under 1 yr	1 - 3 yr.	4 – 6 yr.	6+ years	Physically Handicapped	Mentally Handicapped
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Are you a smoker? \_\_\_\_ If yes, would you only smoke in your room / outside family home? \_\_\_\_\_

Do you like pets? \_\_\_\_ If yes, state type of animals \_\_\_\_\_

Are you a car driver? \_\_\_\_ Do you have a full licence? \_\_\_\_ How long have you held a licence? \_\_\_\_

**LEISURE ACTIVITIES AND INTERESTS:** (please indicate any positions of responsibility held)

Sports: \_\_\_\_\_

Can you cook? \_\_\_\_ Would you be willing to prepare an evening meal? \_\_\_\_\_

Religion: \_\_\_\_\_ Must the Family share this? \_\_\_\_\_

Please indicate when you would be available: \_\_\_\_\_

How long would you be prepared to stay? (please tick)      3 months      6 months      9/12 months  
           

**LANGUAGES SPOKEN:** (please tick)      English      French      German      Spanish      Italian  
                       

Country / Countries Preferred: \_\_\_\_\_

**FAMILY BACKGROUND:** Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Number of brothers & sisters: \_\_\_\_\_

Any additional information you consider relevant: \_\_\_\_\_

How did you hear of Breslin International Recruitment? \_\_\_\_\_

**NAMES & ADDRESSES OF REFERREES:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree to treat all information given to me in regard to vacant positions as **STRICTLY CONFIDENTIAL.**  
(please complete fully as an application cannot be processed without satisfactory references)

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

Please telephone the agency for an appointment for interview.

Please bring to the interview: 3 passport photographs, a letter introducing yourself to the family and references (if available).

**For office use only**

Interview	_____	References	_____	Check List	_____
Placement	_____	Date	_____	Flight	_____
Confirmation	_____	G.F. Dep.	_____		