

Dear Madam,
Dear Sir

We would be happy to assist you in the search for a position in a private household. Please note, that our agency will only mediate qualified personnel, thus, candidates whom have already worked in demanding households and have received valid references.

Subsequently you will find our questionnaire. We ask that you fill out the questionnaire precisely and in full detail (this can be done directly on the computer screen) and return it together with the following documents:

- A current passport photo
- An up to date résumé in tabular format
- A detailed letter of motivation
- A copy of all your available letters of reference/diplomas/credentials/work verifications
- A copy of your driving license (if available)
- For foreigners: a copy of a valid residence permit

The questionnaire will help us to comprehend and organise your skills and wishes methodically. Following a personal interview we will be able to clarify any open questions. Upon receipt of your documents we will contact you and if applicable arrange a personal interview.

Kind regards

Bonne ménagère[®]

VERMITTLUNG VON HAUSPERSONAL

I am applying for a position as:

| | | |
|---|--|--|
| <input type="checkbox"/> Housekeeper | <input type="checkbox"/> Governess / Nanny | <input type="checkbox"/> Chauffeur / Driver |
| <input type="checkbox"/> Laundress | <input type="checkbox"/> Maternity nurse | <input type="checkbox"/> Security / Bodyguard |
| <input type="checkbox"/> Housekeeper-Child Care | <input type="checkbox"/> Elderly Care | <input type="checkbox"/> Houseman / Handyman |
| <input type="checkbox"/> Housekeeper-Elderly Care | <input type="checkbox"/> Couple | <input type="checkbox"/> Gardener |
| <input type="checkbox"/> House Organizer | <input type="checkbox"/> Estate Caretaker | <input type="checkbox"/> Chef / Cook |
| <input type="checkbox"/> Cleaning Lady | <input type="checkbox"/> Butler | <input type="checkbox"/> Executive or Personal Assistant |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Personal information:

| | | | | | |
|--|------------------------------------|-------------------------------------|---|---------------------------------------|--------------------------------------|
| Name | | | | | |
| Surname | | | | | |
| Address | | | | | |
| Home phone | | | | | |
| Work phone | | | | | |
| Mobile phone | | | | | |
| Fax-number | | | | | |
| Em@il | | | | | |
| When are you best to be contacted | | | | | |
| Date of birth | | | | | |
| Nationality | | | | | |
| Birthplace | | | | | |
| Marital status | single <input type="checkbox"/> | married <input type="checkbox"/> | living in partnership <input type="checkbox"/> | separated <input type="checkbox"/> | divorced <input type="checkbox"/> |
| Do you have children? | yes <input type="checkbox"/> | | no <input type="checkbox"/> | | |
| Please disclose the age and gender of your children | gender | | year born | | |
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| Where and from whom will your under-age children be taken care of during your working hours? | | | | | |

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| For nannies: Did you grow up with siblings? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Do you play an instrument? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| If yes, which? | | |
| Please disclose the age and gender of your siblings: | gender | age |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

| Language skills: | mother tongue | fluent | average | no, but understand | no |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Swiss german | <input type="checkbox"/> |
| German | <input type="checkbox"/> |
| French | <input type="checkbox"/> |
| English | <input type="checkbox"/> |
| Italian | <input type="checkbox"/> |
| Portuguese | <input type="checkbox"/> |
| Spanish | <input type="checkbox"/> |
| other: | <input type="checkbox"/> |
| <input type="text"/> | | | | | |
| other: | <input type="checkbox"/> |
| <input type="text"/> | | | | | |

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| Do you have a drivers licence? | yes <input type="checkbox"/> | Learner's licence <input type="checkbox"/> | no <input type="checkbox"/> |
| If yes, how much driving experience do you have? | a lot <input type="checkbox"/> | medium <input type="checkbox"/> | little <input type="checkbox"/> |
| Do you have a car of your own that you can use for work? | yes <input type="checkbox"/> | no <input type="checkbox"/> | |
| Are you afraid of dogs? | yes <input type="checkbox"/> | no <input type="checkbox"/> | |
| Can you swim? | good <input type="checkbox"/> | medium <input type="checkbox"/> | no <input type="checkbox"/> |
| Are you a smoker? | yes <input type="checkbox"/> | no <input type="checkbox"/> | yes, but only during breaks or free time <input type="checkbox"/> |
| Do you have a health insurance that is valid in Switzerland? | yes <input type="checkbox"/> | no <input type="checkbox"/> | |
| For foreigners: Do you have a residence permit? | yes <input type="checkbox"/> | no <input type="checkbox"/> | |
| If yes, which one(i.e. B, C etc.)?, valid until when and for what county? (please attach a copy) | <input type="text"/> | | |
| Are you obligated to withholding tax? | yes <input type="checkbox"/> | no <input type="checkbox"/> | |
| Are you registered with the employment bureau (RAV)? If yes, for how many working percentages? | <input type="text"/> | | |

Experience in household care

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|---|---------------------------------|--------------------------------|
| Have you previously worked in a private household ? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
|---|---------------------------------|--------------------------------|

Where and with whom? Please indicate date, duration, pensum as well as the name and address, of your employer and send a copy of your recommendation letters or work certificates along with this questionnaire.

| Date, duration, pensum | Name, address |
|------------------------|---------------|
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| Principal duties (self-assessment) | very good | good | average | none |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
| Shopping/purchasing of groceries and cleaning products for the household | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Setting and waiting the table | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sowing by hand (i.e. buttons, hems) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sowing with a sowing machine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Washing and ironing of everyday clothes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Washing and ironing of very fine textiles (silk, cashmere, laces) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Silver maintenance (cutlery, silver objects) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic servicing and maintenance/pool service/raking of leaves/manual activities etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Animal care (dogs,cats) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking care of antiques | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking care of valuable possessions (paintings, artefacts etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |
| other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Experience in child care

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|---|--|---|---|
| Do you have professional training in child care? | yes <input type="checkbox"/> | no <input type="checkbox"/> | |
| Have you taken care of children in a private household? | yes <input type="checkbox"/> | no <input type="checkbox"/> | |
| If yes, how old were the children? | 0-5-year old <input type="checkbox"/> | 6-11-year old <input type="checkbox"/> | from 12-years <input type="checkbox"/> |
| What gender? | girl(s) <input type="checkbox"/> | boy(s) <input type="checkbox"/> | |

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| Were both parents of the children employed? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
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Where and with whom? Please indicate date, duration, pensum as well as the name and address, of your employer and send a copy of your recommendation letters or work certificates along with this questionnaire.

| Date, duration, pensum | Name, address |
|------------------------|---------------|
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| Principal duties (self-assessment) | very good | good | average | none |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Hygiene/washing/dressing/laundry/cleaning of nursery and/or bedrooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stimulating the child's physical, intellectual, emotional and social growth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Musical education | <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"/> |
| Helping with homework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accompanying with outdoor activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preparation of meals and feeding | <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"/> |
| Driving services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Experience in elderly or disabled care

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| Have you taken care of elderly or disabled persons before? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
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Where and with whom? Please indicate date, duration, pensum as well as the name and address, of your employer and send a copy of your recommendation letters or work certificates along with this questionnaire.

| Date, duration, pensum | Name, address |
|-----------------------------|---------------|
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| What were your main duties? | |

Experience in management and administration

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| Do you have experience administrative services or management in a private household? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
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Where and with whom? Please indicate date, duration, pensum as-well as the name and address, of your employer and send a copy of your recommendation letters or work certificates along with this questionnaire.

| Date, duration, pensum | Name, address |
|------------------------|---------------|
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| Principal duties (self-assessment) | very good | good | average | none |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Butler duties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional waiting of the table | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To chauffeur | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Companionship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional cooking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal security/bodyguard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Administrative duties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |
| other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |
| other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Other job experiences

Have you held any other positions? Where and with whom? Please indicate date, duration, pensum as well as the name, address, and employment type:

| Date, duration, pensum | Name, address, employment type |
|------------------------|--------------------------------|
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References, Diplomas, Degrees

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| Are you in the possession of recommendation letters, work certificates, diplomas etc. ? If yes, please attach a copy | yes <input type="checkbox"/> | no <input type="checkbox"/> |
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From which past employers are we able to receive a telephone reference. Please disclose 2-4 employers names with current phone numbers (you will have to notify the reference persons in advance and please clarify what times during the day they are best to be reached). Reference checks on our behalf are normally only obtained after the personal interview. In special cases we would inform the candidate in advance.

| Name and Function: | Current telephone number: | Best to be reached from-to: |
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Health

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| Are you often sick? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| If yes, what do you have and for what reason? | | |
| Do you suffer from a specific (chronic) illness? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| If yes, which one? | | |
| Do you have allergies? | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| If yes, please state them | | |

Your expectations

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|---|---|---------------------------------------|--|-------------------------------------|
| Which duties would you like to assume ? | home cleaning <input type="checkbox"/> | childcare <input type="checkbox"/> | elderly care <input type="checkbox"/> | ironing <input type="checkbox"/> |
|---|---|---------------------------------------|--|-------------------------------------|

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| (you may choose more than one option) | cooking <input type="checkbox"/> | home technical <input type="checkbox"/> | driving <input type="checkbox"/> | gardening <input type="checkbox"/> |
| | pet care <input type="checkbox"/> | representative duties <input type="checkbox"/> | other | |
| If you like to take care of children, which age group do you prefer? (you may choose more than one option) | 0-5 years <input type="checkbox"/> | 6-11 years <input type="checkbox"/> | from 12 years <input type="checkbox"/> | |
| Which duties do you not want to assume? | | | | |
| Possible starting date? | | | | |
| How many months is your current notice period? | | | | |
| How many hours per week would you like to be contracted for? %? | | | | |
| Which days of the week would you like to work? | | | | |
| Preferred working hours? (from....until....) | | | | |
| When would you like to take your holidays? (i.e. Christmas, Easter, summer etc...) | | | | |
| Preferred area of work, maximum commuting distance? | | | | |
| Would you live with your employing family? | yes <input type="checkbox"/> | yes, but only in a separate apartment <input type="checkbox"/> | no <input type="checkbox"/> | |
| Would you travel with your employing family ? | yes <input type="checkbox"/> | | no <input type="checkbox"/> | |
| If yes, only for short trips (Max. 3 weeks) or also for longer vacations? | only for short trips <input type="checkbox"/> | | also for longer vacations <input type="checkbox"/> | |
| For candidates that are currently living abroad: if not already the case will your extended family be joining you? | | | | |
| For foreigners: How long do you plan on working/staying in Switzerland? | | | | |
| Monthly wages in CHF or gross hourly wage in CHF | | | | |

gross

| | |
|--|--|
| What are your hobbies, free time activities? | |
| What sports do you practice? | |

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|-------------------------------|--|
| Your strengths and weaknesses | |
|-------------------------------|--|

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| Other remarks or notes: |
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1. I pledge that I will, under no circumstances, forward the names and addresses of potential employers that have contacted me, to any third parties incl. friends, family and colleagues, without the permission of Bonne ménagère (you are otherwise infringing against data protection rights!)
2. Obligation to inform: I pledge that I will inform Bonne ménagère immediately after being contacted by possible employers and also when an agreement has been made or a contract signed.
3. Also, I pledge that I will behave in an honest and correct manner towards the customers.

Place, date

Signature from candidate

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Please attach:

- A current passport photo
- An up to date résumé in tabular format
- A detailed letter of motivation
- A copy of all your available letters of references/diplomas/credentials/work verifications
- A copy of your driving license (if available)
- For foreigners: a copy of a valid residence permit