



INQUIRY FORM

TYPE OF HELP REQUIRED L/I L/O P/T TEMP. TEL. _____

MR. / MRS. / MS. _____ BUS. _____

ADDRESS _____ FAX. _____

E-MAIL: _____ CEL. _____

FAMILY CONSISTS OF: ADULTS _____ CHILDREN _____ PETS _____

GIRLS (date of birth) _____

BOYS (date of birth) _____

ARE THERE SPECIAL DIET, ALLERGIES, ETC... IN THE FAMILY? _____

HOME _____ BATHROOMS _____ ACCOMMODATION _____

PAY OFFERED _____

HOURS OF WORK _____ DAYS OFF _____

DRIVER LICENSE REQ. _____ SMOKER _____ BABYSITTING _____

OUTLINE OF DUTIES _____

NOTES _____

STARTING DATE _____ INQ. DATE _____ FEE _____

INTERVIEWS: _____

Member of the Better Business Bureau since 1984