



WHITE GLOVE SERVICES

## Candidate Registration Form

*Thank you for your interest in registering with White Glove Services. Please complete the following application form, ensuring that ALL fields are completed. Your personal details, specific requirements and preferences will be recorded in our database. Providing us with as much information will help us to find just the right position. Please ensure that you send supporting documentation through to the agency with the lodgment of this form*

Name	
D.O.B	
Address	
Phone Number	
Email	

*Please specify availability, include times.*

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday and/or Sunday	



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ROLE.	Please specify your desired role and relevant qualifications/certificates
Chef	
Nanny	
Governess	
House Manager	
Personal Stylist	
Housekeeper	
Groundsman	
Personal Assistant	

Do you have any Medical Conditions or take any regular medication? (Please note: You will not be covered by our insurance if this is not answered accurately)

If yes, please give details:

White Glove Services believes our staff are a reflection on the clients they work for, therefore, we like to ensure all of our staff are well presented with natural hair color, no visible tattoos or piercings (facial piercing must be taken out or tattoo's covered up). Working in a private home is considered a professional workplace, we have implemented uniforms for our staff to ensure professionalism and neat appearance is kept up at all times. Whilst it is not mandatory to wear the uniforms, if you would like one, please circle your shirt size:

**Ladies: 6, 8, 10, 12, 14, 16, 18, 20+**

**Men: XS, S, M, L, XL, XXL**

**\*Health and Safety notice.** There may be some heavy lifting, bending, stretching and you may be required to be on your feet for several hours a day with our roles, therefore, we do encourage our staff to be fit and healthy ready for our clients and their busy lifestyles. If you would like to improve your fitness level, please let us know and we can put you in touch with a **WGS** representative who oversees our "Stay Healthy Programs" for staff.



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Emergency Contact Name	
Emergency Contact Phone Contact/s	

### Your Preferences

Tab 1)

(c)

Mobility	Do you hold a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own your own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about White Glove Services?	<input type="checkbox"/> Our website <input type="checkbox"/> Media <input type="checkbox"/> Google <input type="checkbox"/> Yellow pages <input type="checkbox"/> Newspaper Advert <input type="checkbox"/> Referral (Name _____) <input type="checkbox"/> Other _____

Expected Salary (Annually)	
<p><b>I confirm that I have read, understood and agree with the White Glove Services terms and conditions</b></p> <p><b>Signed By Candidate</b></p> <p><b>Signed By agency</b></p>	