



DOMESTIC AGENCY

Placing Professional Help in America's Finest Homes

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Application for Household Employment

Please type or print neatly. This four-page form will be part of your file and shared with prospective employers. Couples: please make a copy and each fill out your own application. Return with clear photo(s), written letters of reference (both character and work reference), copies of drivers licenses and any other applicable licenses, diplomas, awards, etc. along with a brief letter of introduction. Also include a complete resume of your work history. Thank you.

GENERAL INFORMATION

Last Name

First Name

Middle

Street Address

City

State

Zip

How long have you lived at current address? _____ Apt House Rent Buying

() _____ () _____ () _____
Home Phone Work Phone Other Phone

Date of Birth

Age

Birthplace

Are you a U.S. Citizen? Yes No

If not, do you have a legal right to work in the U.S. _____

Social Security Number

Green Card #

PERSONAL INFORMATION (Note: These items are included to help better match you with a suitable employer)

Do You Smoke? Yes No Do You Drink Alcohol? Yes No How Much? _____

Height

Weight

Do you drive? Yes No If Yes: _____

Driver's License #

State

Expiration Date

Do you have daily use of a dependable car? Yes No If Yes: _____

Make

Year

Do you have auto insurance? Yes No If yes, Insurance Carrier: _____

Do you have a negative driving record? Yes No If yes, explain:(attach paper if necessary) _____

Have you ever entered a plea of guilty or been arrested or convicted of any crime? Yes No

If yes, explain: (attach paper is necessary) _____

Have you ever filed, or had filed for you a workman's compensation claim? Yes No

If yes, explain: (attach paper if necessary) _____

EDUCATIONAL INFORMATION

	Name & Location	Grade Completed	Course & Degree	Graduated?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Military				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade or Service School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

MISCELLANEOUS INFORMATION

Do you have experience operating household equipment (i.e., floor buffer, laundry presser, pressure washer)?

Yes No If yes, please list: _____

Are you handy? Yes No

Do you speak, read or write any language other than English fluently? Yes No If yes, please list: _____

Are you able and willing to make a one-year commitment? Yes No

When are you available for job interviews? _____

MEDICAL INFORMATION

Have you had a physical examination in the past year? Yes No

	Yes	No	Please explain.
Are you willing to have a complete exam done to include blood testing and drug screening?			
Do you have any physical conditions that will affect your job performance?			

EMERGENCY INFORMATION

Please list person(s) to be notified in case of an emergency:

Name _____ Home Phone _____ Work Phone _____ Relation _____

AGENCY INFORMATION

How did you hear about the Robert Hanselman Domestic Agency? _____

Are you registered with any other Agency? Yes No If yes, please list: _____

(Note, registration with other agencies does not limit our interest in you. We have often worked in concert with other agencies to place employees registered with both.)

IF REQUIRED, CAN YOU SUPPLY:

1) Medical doctors note stating that you have no health problems or communicable diseases? Yes No

2) Verification of a good driving record? Yes No 3) A clear police record nation wide! Yes No

PREVIOUS EMPLOYMENT RECORD

Employer: _____ Address: _____ City/State: _____

Home Phone: _____ Business Phone: _____ Date Started: _____ Date Left: _____

Starting Salary: _____ Ending Salary: _____ Your Title: _____

Duties: _____
_____Why did you leave this position? _____

Employer: _____ Address: _____ City/State: _____

Home Phone: _____ Business Phone: _____ Date Started: _____ Date Left: _____

Starting Salary: _____ Ending Salary: _____ Your Title: _____

Duties: _____
_____Why did you leave this position? _____

Employer: _____ Address: _____ City/State: _____

Home Phone: _____ Business Phone: _____ Date Started: _____ Date Left: _____

Starting Salary: _____ Ending Salary: _____ Your Title: _____

Duties: _____
_____Why did you leave this position? _____

Employee Agreement

I certify that all facts contained in this application are true and complete to the best of my knowledge. I understand that The Robert Hanselman Domestic Agency, Inc. (hereinafter referred to as "RHDA") acts only as a liaison and assumes no responsibility for any act of employer or employee. I agree not to take any position RHDA refers me to for which RHDA is not paid by my new employer or by the agency I am referred to by RHDA. I agree to keep RHDA informed as to my current telephone number and job availability. I agree to notify RHDA when I accept a position thru RHDA's efforts and to notify if and when I leave that employment.

Signature of Applicant_____
Date**Agency Information:**

Name of Interviewer: _____ In Person? _____ By Telephone? _____

Interview Date: _____

Other Notes:

