

DOMESTIC AGENCY Placing Professional Help in America's Finest Homes

931 Monroe Dr. | Suite 102A | Box 281 | Atlanta, GA 30308 Phone: (888) 838-4404 Fax (775)-242-9815 E-Mail: <u>mh@planetdomestics.com</u> www.planetdomestics.com

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	Cit	y	State	Zi	p
How long have you	lived at current address?	🗆 🗖 Apt	House Rent	Buying	-
()	()	()			<u> </u>
Home Phone	Work Phone	Other Phone	D	ate of Birth	Age
	Are you a U.S. Citize	en? If not, do you have a	a legal right to	_	_
Birthplace	\square Yes \square N	-		Social Security Number	
Znapaco	Green Card				
PERSONAL INFO	DRMATION (Note: These		better match you	with a suitable emp	oloyer)
Height Do you drive?	Weight Yes DNo If Yes:				
	Dr	iver's License #	State	Expiration	Date
Do you have daily i	use of a dependable car?	Yes DNo If Yes		-	
			Make	Year	
Do you have auto in	nsurance? Yes No	lf yes, Insurance Carrier: _			
Do you have a nega	tive driving record?	$5 \square$ No If yes, explain	attach paper if no	ecessary)	
	red a plea of guilty or been a plain: (attach paper is nec		crime? Tyes	□No	
Have you ever filed	, or had filed for you a work lain: (attach paper if necessa	man's compensation claim	? U Yes D No		

FAMILY INFORMATI	ON						
Marital Status:							
Single	Married Sepa	arated Divorced	Widow/Widower				
Have you ever been know	n by a different name? \Box_{Y}	es \Box No \Box If yes, please list					
Do you have children:	Do you have children: Tyes INO Ages:						
Where do your children sta	y when you are working?						
Where do your children st	ay when they are sick?						
Any special family circum	stances that might influence pl	acement?					
POSITION DESIRED							
Please check any of the po	ositions listed below that pert	ain to your interests and backg	round:				
Baby Sitter	Chauffeur	Elderly Care	House Sitter	☐ Mother's Helper			
Baby Nurse	Chef/Cook	Estate Manager	Housekeeper	□Nanny			
Body Guard	Companion	Governess	Houseman	Social Secretary			
Butler	Couple	House Manager	Launderer	Valet			
			Major Domo	□Yardman			
Live In	Hours Available:	Mon Tues Wed Thu	r Fri Sat Sun				
Live Out	-						
Part-Time							
Full-Time	□Full-Time Salary Expectations: \$ to Per □ hour □ day □ week □ year						
Permanent Are you willing to relocate? Yes No If yes, any limitations or desires?							
Agency Notes:							
Agency Holes.							

PERSONAL REFERENCES Please list a minimum of 3 references, relatives are not an acceptable reference.

Name	Telephone Number	Years Known	How do you know this person?

EDUCATIONAL INFORMATION						
	Name & Location	Grade	Complete	d Course & Degree Graduated?	1	
High School				Yes DNo		
Special Military				Yes DNo		
Business/Trade or Service School				Yes DNo		
College				Yes DNo		
Other				Yes INO		
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?						
Do you speak, read or write any language other than English fluently? Tyes INo If yes, please list:						
Are you able and willing to make a one-year commitment? \Box Yes \Box No When are you available for job interviews?						
MEDICAL INFORMATION						
Have you had a physical examination in the past year? $\Box_{\text{Yes}} \Box_{\text{No}}$						
The country of the a physic	en enammaton in the past year.	Yes		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? \Box Yes \Box No

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

	Address:	City/Sta	ite:
Business Phone:		Date Started:	Date Left:
Ending Salary:	Υοι	ur Title:	
on?			
	Address:	City/Sta	ate:
Business Phone:		Date Started:	Date Left:
Ending Salary:	Y	our Title:	
	Address:	City/Sta	nte:
	Business Phone: Ending Salary: ion?Business Phone: Ending Salary: ion?Business Phone: Business Phone:	Business Phone:You	Address:City/Sta

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:		