



**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.

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### GENERAL INFORMATION

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\_\_\_\_\_  
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 # \_\_\_\_\_

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

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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

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**PREVIOUS EMPLOYMENT RECORD**

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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? \_\_\_\_\_  
\_\_\_\_\_

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**Employee Agreement**

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**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:  
\_\_\_\_\_  
\_\_\_\_\_