



NATIONAL PLACEMENT  
Phone: (888) 838-4404 E-Mail: [rmh@planetdomestics.com](mailto:rmh@planetdomestics.com)  
[www.planetdomestics.com](http://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 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. \_\_\_\_\_  
Green Card # \_\_\_\_\_ Social Security Number \_\_\_\_\_

### 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) \_\_\_\_\_

☐ Single      ☐ Married      ☐ Separated      ☐ Divorced      ☐ Widow/Widower

Do you have children: ☐ Yes ☐ No      Ages: \_\_\_\_\_

Where do your children stay when they are sick? \_\_\_\_\_

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**POSITION DESIRED**

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<input type="checkbox"/> Baby Sitter	<input type="checkbox"/> Chauffeur	<input type="checkbox"/> Elderly Care	<input type="checkbox"/> House Sitter	<input type="checkbox"/> Mother's Helper
<input type="checkbox"/> Baby Nurse	<input type="checkbox"/> Chef/Cook	<input type="checkbox"/> Estate Manager	<input type="checkbox"/> Housekeeper	<input type="checkbox"/> Nanny
<input type="checkbox"/> Body Guard	<input type="checkbox"/> Companion	<input type="checkbox"/> Governess	<input type="checkbox"/> Houseman	<input type="checkbox"/> Social Secretary
<input type="checkbox"/> Butler	<input type="checkbox"/> Couple	<input type="checkbox"/> House Manager	<input type="checkbox"/> Launderer	<input type="checkbox"/> Valet
			<input type="checkbox"/> Major Domo	<input type="checkbox"/> Yardman

☐ Part-Time

☐ Permanent      Are you willing to relocate? ☐ Yes ☐ No      If yes, any limitations or desires? \_\_\_\_\_

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

[illegible]

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**EDUCATIONAL INFORMATION**

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	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

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**MISCELLANEOUS INFORMATION**

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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? \_\_\_\_\_

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**MEDICAL INFORMATION**

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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?			

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**EMERGENCY INFORMATION**

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

\_\_\_\_\_  
Name Home Phone Work Phone Relation

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**AGENCY INFORMATION**

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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 nationwide! ☐ 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:\_\_\_\_\_