



Dear Prospective Job Applicant:

Thank you for your interest in placement through The Hazel Agency. We offer a quality service to both clients and candidates alike. We listen to your needs and aim to match you requirements to our clients' requirements. We appreciate that finding a new job is a stressful process and we are here to help you through the process and hopefully to ensure a satisfactory conclusion! All our Placement Consultants are trained and given guidance on good professional practice.

It is our philosophy to identify and select the very best candidates for representation through the agency. Our process for qualifying each candidate is as follows:

- 21 years or older
- Three years of private home experience or training
- Stable work history with a minimum of 3 verifiable references
- Valid Driver's License
- Proof of U.S. Citizenship or Work Permit
- Non-Smoker
- Reliable Transportation
- Willingness to make at least a one year commitment

If you meet these requirements, we ask that you complete our application and forward your current resume and a *personal statement* along with a recent photo. We encourage you to also submit any letters of reference, diplomas, awards/certificates, or any other supporting documentation for your profile that would market you to potential clients/families. You must also pass a thorough background check, and submit to a personal interview before being considered for positions available through our agency.

If you have any questions, please do not hesitate to contact us at 770-643-2034.

Thank you,

Gaye Antonio
President

*A **personal statement** should include: personal background, educational history, professional experience & job history, child care or service philosophies, and desired position. It should not include salary or benefit information. This is to serve as a purpose of introduction to the clients/families.*



PO Box 769316, Roswell GA 30076
Phone: 770-643-2034 Fax: 1-866-543-5732 E-Mail: info@thehazelayency.com
www.thehazelayency.com

APPLICATION FOR HOUSEHOLD EMPLOYMENT

Date: _____

 Last Name First Name Middle Name

 Street Address

Apt. House
 Rent Own

 City State Zip Code How Long?

 Previous Address City State Zip Code How Long?

(____) _____
 Home Phone Work Phone Cell Phone

Male Female

 Social Security Number Height Weight Date of Birth Age

 E-Mail Address Birthplace

How long have you lived in Georgia? _____ Are you a US Citizen? _____

If no, are you eligible to be employed under a work permit/green card? _____ Permit # _____

Do You Drive? Yes No Drivers License Number / State _____ Expires _____

SMOKER NON SMOKER

Do you have daily use of a dependable automobile? Yes No License Plate # _____

Auto Color _____ Auto Make _____ Auto Year _____

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

Do you have anything on your driving record? Yes No If yes, Please explain _____

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

If yes, Please explain during interview: _____

Have you ever filed, or had filed for you, a workman's compensation claim? Yes No If yes, Please Explain: _____

Married Single Engaged Separated Divorced Widow/Widower

Have you ever been known by a different name? Yes No If yes, please list: _____

Children? Yes No Ages (Even if grown) _____

Where are children to stay while you are working? _____

Where are children to stay while you are sick? _____

POSITIONS DESIRED-PLEASE CHECK ANY OF THE FOLLOWING THAT PERTAINS TO YOU:

Nanny Governess Baby Nurse Mother's Helper Launderer Culinary Trained Chef Cook
 Butler Valet Houseman Housekeeper House Manager Estate Manager Major Domo
 Yardman Chauffeur Body Guard Handyman Personal Assistant Elderly Care Couple

Live-In Live-Out Full Time Part Time Permanent Weekends Mornings Afternoons Evenings Temporary

MON TUE WED THUR FRI SAT SUN

Hours Available: _____

Salary Range you are seeking \$ _____ per Hour Day Week Year

Are you willing to relocate? Yes No If Yes, Where? _____

PLEASE CHECK ONLY JOB RESPONSIBILITIES THAT YOU WILL DO

NANNY Only Position:

- Childcare only, All housekeeping, Childcare/Light Housekeeping, Childcare/Moderate Housekeeping-everything listed below, plus all Housekeeping duties, Children's laundry, Iron School Uniforms, General pickup, Occasional errands, Clean up kitchen, Driving children, Empty dishwasher, Pick up toys, Keep bedrooms clean, Pick up toy room/play area, Make beds, Make meals

Please answer questions below if you are applying for a position where you might work in a home with children, even if you are not the primary caregiver:

What age groups of children do you have experience with?

- Newborn, 6 months to 1 year, 1 to 2 years, 2 to 4, 5 to 7, 7 to 12, 13 and older, Adult Care

What type of activities will you do with the children?

Are you CPR or First Aid Certified? Yes No Is your certification current? Yes No Date of Expiration:

Do you Swim? Yes No Beginner Intermediate Advanced

Could you pull a child out of a pool who had fallen in? Yes No

If you are applying for a childcare position, how many children have you cared for at one time?

Are there any limitations to the position you are seeking? (allergies, lifting, in school, available part time only, etc.) Yes No

If yes, please explain:

What is your policy on discipline?

HOUSEKEEPING:

- Floors, Clean Windows, Clean Bathrooms, Clean Kitchen, Make Beds, Polish Silver, Wash Dishes & Pans, Wash Linens, Wash Clothes, Hand Wash Clothes, Iron Men's Shirts, Iron Linens/Table Cloths, Iron Delicate Silk Clothing, Dust, Vacuum, Sewing

COOKING:

- Gourmet Cooking, Plain Cooking, Family Serving, Prep Assistant, Special Diet Cooking, Family Cooking

Cooking Information:

Are you willing to cook? Breakfast Lunch Dinner

Do you cook? From Memory From Recipe

How well do you cook? Not at all Below Average Average Above Average Willing to Learn

Are you skilled at planning weekly menus? No Yes Willing to Learn

Do you have Kosher home experience? No Yes Willing to Learn

Favorite item(s) to cook?

HOUSEHOLD MANAGEMENT:

- Supervise Staff, Hire Staff, Shopping, Contract for Services & Labor, Perform Minor Repairs, Event Planning, Manage Household Accounts, Flower Arrangement, Formal Table Service

ERRANDS:

- All household grocery shopping, Dry cleaning, Occasional item grocery shopping, Take animals to veterinarian, Shopping for occasional gifts, No, Yes, Occasionally

Please check what you are willing to do from the list below:

- Work on holidays if needed Work for an employer who works from home Work for a stay-at-home Mom
 Run errands & grocery shop Work evenings Work weekends Travel with the family

Can you make a one-year commitment? Yes No

CHARACTER REFERENCES (Minister, Priest, Co-Worker, Long-time Family Friend, etc. - Do not list relatives)

Name	Telephone Number	Relationship	Years Known (List Dates)

How did you hear about The Hazel Agency? Yellow Pages Newspaper Internet Other
 Personal Reference Name: _____

Are you registered with any other agency at this time? If yes, please state name of agency:
 Yes No Agency: _____

EDUCATION and TRAINING: (Colleges, Technical Schools, Culinary, Hospitality School, Childcare Certifications, any other courses taken or certificates received) * Type: HS=High School V/T=Vocational/Technical CO=College O=Other Institution ST=Special Training

Type *	Name of Institution	Dates Attended	Degree/Certification

Are you allergic to animals? Yes No If yes, which animals? _____

Are you comfortable working in a home with animals? Yes No

Describe your personality and strengths: _____

Can you tell us a little bit about your family background? _____

Have you lived in any other state or country during your life other than the one you currently live in? Yes No

If yes, please list all cities, states and countries: _____

If applying for a live-in position, do you have anything to consider, such as pets, spouse, boyfriend/girlfriend, children, etc.? If so, explain:

At what job were you the happiest? _____

If you are leaving your current position, please explain why: _____

Do you have any issues with working for people of different faiths, ethnicity, cultures, etc. other than your own? Yes No

If you practice a religion, would you need certain days off for this? Yes No

If yes, what days, holidays, etc.? _____

What are your interests and hobbies? _____

Do you speak any languages other than English and, if so, which ones? _____

Have you ever experienced emotional problems? Yes No

Have you ever had counseling? Yes No

If yes, for what and when, and are you still in counseling? _____

Is there anything in your work/life balance that could create a problem or affect your work performance? Yes No

HEALTH/MEDICAL INFORMATION (Please complete)

Do you have regular medical check ups (physical exams)? Yes No

When was your last check up? _____

Physician's Name _____

Physician's Address _____

Date of last T.B. test or chest X-ray _____

Have you had hepatitis prevention shots? Yes No

Are you a known hepatitis carrier? Yes No

Do you have health insurance? Yes No

Name of your Insurance Company _____ Monthly Premium: \$ _____

Do you need health insurance? Yes No

List and explain any major operations/illnesses: _____

Have you ever been told you have any of the following?

- Fainting or dizziness
- Diabetes
- High blood pressure
- Chronic cough
- Skin diseases
- Frequent headaches
- Hernia
- Varicose veins
- Serious physical or emotional traumas
- Epilepsy or convulsions
- Nervous or mental disorders
- Low blood pressure
- Allergies, asthma, wheezing
- Deformities or amputations
- Heart disease
- Rheumatic fever or arthritis
- Difficulty hearing/hearing aid
- Difficulty seeing/glasses/contact lenses

Please explain any questions that you answered Yes to (above) _____

Are you (or have you been) treated for any neck or back disorder or injury? Yes No

Do you take any prescribed medications? Please list: _____

Do you smoke? Yes No If yes, specify amount: _____

Do you drink? Never Rarely Occasionally Socially Other

Specify amount and how often: _____

Would you be willing to take a drug test? Yes No

Have you changed (or been advised to change) occupations or residence because of health? Yes No

Do you have any special medical considerations or physical limitations? Yes No

If yes, please explain: _____

Do you have any body art or pierced places on your body? Yes No

If yes, where? _____

What are your immediate goals (2-5 years) and long-term goals (10 years)? _____

Please list emergency contact(s) below if you accept a position through The Hazel Agency?

Name	Relationship	Telephone Number

EMPLOYMENT HISTORY

Please complete in detail, starting with the present or most recent employer. Explain any lapse of time not accounted for.

Employer: _____ Address: _____ City _____ State _____
Home Phone: _____ Business/Cell Phone: _____ Date Started: _____ Date Left: _____
Starting Salary: _____ Ending Salary: _____ Your Title: _____
List All Duties: _____

Why did you leave this position? _____

Employer: _____ Address: _____ City _____ State _____
Home Phone: _____ Business/Cell Phone: _____ Date Started: _____ Date Left: _____
Starting Salary: _____ Ending Salary: _____ Your Title: _____
List All Duties: _____

Why did you leave this position? _____

Employer: _____ Address: _____ City _____ State _____
Home Phone: _____ Business/Cell Phone: _____ Date Started: _____ Date Left: _____
Starting Salary: _____ Ending Salary: _____ Your Title: _____
List All Duties: _____

Why did you leave this position? _____

Employer: _____ Address: _____ City _____ State _____
Home Phone: _____ Business/Cell Phone: _____ Date Started: _____ Date Left: _____
Starting Salary: _____ Ending Salary: _____ Your Title: _____
List All Duties: _____

Why did you leave this position? _____

EMPLOYMENT HISTORY, cont'd

Employer: _____ Address: _____ City _____ State _____
Home Phone: _____ Business/Cell Phone: _____ Date Started: _____ Date Left: _____
Starting Salary: _____ Ending Salary: _____ Your Title: _____
List All Duties: _____

Why did you leave this position? _____

Employer: _____ Address: _____ City _____ State _____
Home Phone: _____ Business/Cell Phone: _____ Date Started: _____ Date Left: _____
Starting Salary: _____ Ending Salary: _____ Your Title: _____
List All Duties: _____

Why did you leave this position? _____

Employer: _____ Address: _____ City _____ State _____
Home Phone: _____ Business/Cell Phone: _____ Date Started: _____ Date Left: _____
Starting Salary: _____ Ending Salary: _____ Your Title: _____
List All Duties: _____

Why did you leave this position? _____

If there are any childcare-related, household, corporate experiences you are omitting, please explain your reasons for omitting them:

PRIVACY POLICY

Information collected by The Hazel Agency will be used only for the purpose of fulfilling our services which you have requested. Information that you provide to The Hazel Agency will not be given to any other parties without your written consent.

Should **The Hazel Agency** place you on a job, it is a violation on your behalf to increase your number of working days with the clients(s) we placed you with or to accept a position for which you have been referred by your employer or our client. In the event the client, your employer, fails to pay our placement fee, you agree to terminate the employment relationship until further notice by The Hazel Agency.

An investigative report may be made as to your employment background including, if applicable, information as to your character, general reputation, personal characteristics, business references, and ability. The information for any investigative report will be obtained through phone interviews or written requests from your references and business associates. A criminal history investigation may also be obtained through investigative services such as the Federal Bureau of Investigation or Georgia Bureau of Investigation regarding your character, criminal or employment background.

Signature: _____ **Date:** _____



BACKGROUND DATA CONSENT FORM

This authorization and consent for release of personal information acknowledges that **THE HAZEL AGENCY** (Hereinafter referred to as “company”) and/or its agents may conduct investigations. These investigations might include, but are not limited to, searches of financial or credit agencies, records of previous employment including detailed information on work history, searches of educational institutions, military records, criminal history information on file in local, state, or federal agencies, workers compensation records, drug testing, medical information and motor vehicle/driver’s license records.

I understand that these searches will be used to determine employment eligibility under the company’s employment policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to authorized representatives of the company. In addition, I release and discharge the company and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that this notice will apply to any future update reports that may be requested and is valid for up to one year from the below date for hiring purposes. After reading this document, I understand fully its complete content and I authorize the background verification.

I certify that all statements made by me herein are true and correct. I understand that any misrepresentation or omission made on this waiver may be grounds for immediate termination.

Signature: _____ **Date:** _____

PLEASE FILL OUT COMPLETELY FOR VERIFICATION PURPOSES.

Last Name	First	Middle		
Signature		Sex	Race	
Driver's License Number			State of Issue	
Full Name As It Appears On Driver's License				
Former Name(s) and Time Frame(s)				
Current Address	City	State	Zip	Dates
Previous Addresses (Past 5 Yrs)				