



## DOMESTIC PLACEMENT SERVICES

Dear Prospective Job Applicant:

Thank you for your interest in placement through DPSAG. We offer a high 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 2 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 772-708-3643.

Thank you,

Thomas E. Reddick  
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.*



## DOMESTIC PLACEMENT SERVICES

### APPLICATION FOR HOUSEHOLD EMPLOYMENT

Date: \_\_\_\_\_

Last Name _____			First Name _____			Middle Name _____			
Street Address _____						<input type="checkbox"/> Apt. <input type="checkbox"/> Rent	<input type="checkbox"/> House <input type="checkbox"/> Own		
City _____			State _____		Zip Code _____		How Long? _____		
Previous Address _____			City _____		State _____		Zip Code _____		How Long? _____
(____) _____ Home Phone			(____) _____ Work Phone			(____) _____ Cell Phone			
Social Security Number _____			Height _____	Weight _____	Date of Birth _____	Age _____	<input type="checkbox"/> Male <input type="checkbox"/> Female		
E-Mail Address _____						Birthplace _____			
Are you a US Citizen? _____									
If no, are you eligible to be employed under a work permit/green card? _____ Permit # _____									
Do You Drive? <input type="checkbox"/> Yes <input type="checkbox"/> No Drivers License Number / State _____ Expires _____									
<input type="checkbox"/> SMOKER <input type="checkbox"/> NON SMOKER									
Do you have daily use of a dependable automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No License Plate # _____									
Auto Color _____			Auto Make _____			Auto Year _____			
Do you have auto insurance? _____			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Insurance Carrier _____			_____			
Do you have anything on your driving record? _____			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please explain _____			_____			
Have you ever entered a plea of guilty or been arrested or convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, Please explain during interview: _____									
Have you ever filed, or had filed for you, a workman's compensation claim? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please Explain: _____									
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower									
Have you ever been known by a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____									
Children? <input type="checkbox"/> Yes <input type="checkbox"/> No Ages (Even if grown) _____									
Where are children to stay while you are working? _____									
Where are children to stay while you are sick? _____									
<b>POSITIONS DESIRED-PLEASE CHECK ANY OF THE FOLLOWING THAT PERTAINS TO YOU:</b>									
<input type="checkbox"/> Nanny	<input type="checkbox"/> Governess	<input type="checkbox"/> Baby Nurse	<input type="checkbox"/> Mother's Helper	<input type="checkbox"/> Launderer	<input type="checkbox"/> Culinary Trained Chef	<input type="checkbox"/> Cook			
<input type="checkbox"/> Butler	<input type="checkbox"/> Valet	<input type="checkbox"/> Houseman	<input type="checkbox"/> Housekeeper	<input type="checkbox"/> House Manager	<input type="checkbox"/> Estate Manager	<input type="checkbox"/> Major Domo			
<input type="checkbox"/> Yardman	<input type="checkbox"/> Chauffeur	<input type="checkbox"/> Body Guard	<input type="checkbox"/> Handyman	<input type="checkbox"/> Personal Assistant	<input type="checkbox"/> Elderly Care	<input type="checkbox"/> Couple			
<input type="checkbox"/> Live-In	<input type="checkbox"/> Live-Out	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Permanent	<input type="checkbox"/> Weekends	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Temporary
<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>			
Hours Available: _____									
Salary Range you are seeking \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Year									
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> 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

How did you hear about DPSAG?     
  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 had experience driving recreational vehicles?     Yes     No

Have you ever had experience driving boats?     Yes     No

Have you had experience with other water crafts?     Yes     No

Have you had any experiences with vehicles other than those listed above?     Yes     No

If so, which ones? \_\_\_\_\_

**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 Domestic Placement Services:**

Name	Relationship	Telephone Number

## EMPLOYMENT HISTORY

Please complete in detail, starting with the present or most recent employer for the past five (5) years.

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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? \_\_\_\_\_

\_\_\_\_\_

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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? \_\_\_\_\_

\_\_\_\_\_

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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? \_\_\_\_\_

\_\_\_\_\_

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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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

### PRIVACY POLICY

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

Should **DPSAG** 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 Domestic Placement Services.

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 and other agencies regarding your character, criminal or employment background.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**DOMESTIC PLACEMENT SERVICES**

**BACKGROUND DATA CONSENT FORM**

This authorization and consent for release of personal information acknowledges that **Domestic Placement Services** (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	
Social Security Number			Sex	Race	
Driver's License Number				State of Issue	
Full Name As It Appears On Driver's License					
Home Phone Number			Cell Phone Number		
Current Address		City	State	Zip	Dates
Previous Addresses (Past 5 Yrs)					