



# EMPLOYER STAFFING NEEDS FORM

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

## CONTACT INFORMATION

EMPLOYER NAME:	HOME PHONE:	CELL PHONE:
EMAIL:	WORK PHONE:	FAX NUMBER:
SHOULD ANOTHER PERSON BE CC'D ON CORRESPONDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EMAIL:	
HOME ADDRESS WHERE CANDIDATE WILL WORK:		
CITY:	STATE:	ZIP:
CROSS STREET:	ALTERNATIVE ADDRESS (MAILING OR OFFICE):	
ARE THERE ANY SPECIAL DIRECTIONS TO FIND THE HOME?		

## JOB DESCRIPTION

POSITION AVAILABLE:

<input type="checkbox"/> BARTENDER	<input type="checkbox"/> HANDYMAN / CARPENTER	<input type="checkbox"/> PROPERTY MANAGER
<input type="checkbox"/> BUTLER	<input type="checkbox"/> HOUSEHOLD MANAGER	<input type="checkbox"/> RESIDENTIAL EVENT STAFFING
<input type="checkbox"/> CHAUFFEUR	<input type="checkbox"/> HOUSEKEEPER	<input type="checkbox"/> RETAIL STAFF MEMBER*
<input type="checkbox"/> CHEF	<input type="checkbox"/> HOUSEMAN	<input type="checkbox"/> SECURITY GUARD
<input type="checkbox"/> COMPANION / PERSONAL CARE AIDE	<input type="checkbox"/> MAID	<input type="checkbox"/> SENIOR CARE AIDE
<input type="checkbox"/> DOMESTIC COUPLE / ESTATE COUPLE	<input type="checkbox"/> MANNY	<input type="checkbox"/> SERVER
<input type="checkbox"/> ESTATE MANAGER	<input type="checkbox"/> NANNY / BABYSITTER	<input type="checkbox"/> OTHER (PLEASE SPECIFY): _____
<input type="checkbox"/> EVENT PLANNING	<input type="checkbox"/> OFFICE WORKER*	
<input type="checkbox"/> GROUNDSKEEPER	<input type="checkbox"/> PERSONAL ASSISTANT	

*\*For Office Worker, Retail Staff Member, and other business positions, please disregard domestic/household staffing-related questions below.*

IS THIS A CONFIDENTIAL SEARCH?  YES  NO

TYPE OF POSITION:

<input type="checkbox"/> FULL TIME (35+ HOURS/WEEK)	<input type="checkbox"/> LONG TERM (ONE YEAR OR LONGER)	<input type="checkbox"/> LIVE-IN
<input type="checkbox"/> PART TIME (UNDER 35 HOURS/WEEK)	<input type="checkbox"/> TEMPORARY (LESS THAN ONE YEAR)	<input type="checkbox"/> LIVE-OUT

START DATE: \_\_\_\_\_ END DATE (IF APPLICABLE): \_\_\_\_\_

ANY OTHER DOMESTIC HELP EMPLOYED IN THE HOME?  YES  NO  
IF YES, PLEASE LIST TITLES, RESPONSIBILITIES AND SCHEDULE:

IS THERE ANYONE CURRENTLY EMPLOYED IN THE POSITION?  YES  NO  
IF YES, PLEASE DESCRIBE THE SITUATION:

Page 1 • Initials: \_\_\_\_\_



**SCHEDULE**

DAYS AND HOURS NEEDED:

MONDAY: \_\_\_\_\_  TUESDAY: \_\_\_\_\_  WEDNESDAY: \_\_\_\_\_  THURSDAY: \_\_\_\_\_  FRIDAY: \_\_\_\_\_  
 SATURDAY: \_\_\_\_\_  SUNDAY: \_\_\_\_\_

**RESPONSIBILITIES**

WHAT DUTIES WILL THE EMPLOYEE BE EXPECTED TO PERFORM? (CHECK ALL THAT APPLY):

<input type="checkbox"/> ART CARE	<input type="checkbox"/> HOUSEKEEPING – COMPLETE	<input type="checkbox"/> MANAGE FAMILY CALENDAR	<input type="checkbox"/> PET CARE
<input type="checkbox"/> AUTO CARE	<input type="checkbox"/> HOUSEKEEPING – LIGHT	<input type="checkbox"/> MANAGE FINANCES	<input type="checkbox"/> PURCHASING ITEMS
<input type="checkbox"/> BARTENDING	<input type="checkbox"/> DISHWASHING	<input type="checkbox"/> MANAGE OTHER STAFF	<input type="checkbox"/> RETAIL SALES
<input type="checkbox"/> CHILDCARE – COOKING	<input type="checkbox"/> DRIVING FAMILY	<input type="checkbox"/> MEAL PREPARATION - FINE DINING	<input type="checkbox"/> RUNNING ERRANDS
<input type="checkbox"/> CHILDCARE – DRIVING	<input type="checkbox"/> GREETING GUESTS	<input type="checkbox"/> MEAL PREPARATION - SPECIAL DIET	<input type="checkbox"/> SCHEDULING SERVICE PERSONNEL
<input type="checkbox"/> CHILDCARE – GENERAL	<input type="checkbox"/> GROUNDSKEEPING	<input type="checkbox"/> MEDICAL ASSISTANCE	<input type="checkbox"/> SERVING
<input type="checkbox"/> CHILDCARE – HOMEWORK HELP	<input type="checkbox"/> HANDYMAN WORK	<input type="checkbox"/> OFFICE ASSISTANCE	<input type="checkbox"/> TRAVEL WITH FAMILY
<input type="checkbox"/> CHINA/DININGWARE CARE	<input type="checkbox"/> HOUSEHOLD EVENT PLANNING	<input type="checkbox"/> OVERNIGHT CARE	<input type="checkbox"/> OTHER:
<input type="checkbox"/> COMPUTER WORK	<input type="checkbox"/> FAMILY LAUNDRY	<input type="checkbox"/> PERSONAL SHOPPING	

OTHER DETAILS:

**HOUSEHOLD ENVIRONMENT**

PLEASE DESCRIBE YOUR RESIDENCE (E.G. FORMAL, CASUAL, HOUSE, APT., SQUARE FEET):

DO YOU HAVE A POOL?  YES  NO

DO YOU HAVE PETS?  YES  NO

IF YES, PLEASE SPECIFY:

WILL PET CARE BE REQUIRED?  
 YES  NO

WILL THE EMPLOYEE BE REQUIRED TO TRAVEL?  YES  NO

IF YES, HOW OFTEN?

DO YOU HAVE ANY ALLERGIES?  YES  NO

IF YES, PLEASE SPECIFY:

DO YOU REQUIRE A CANDIDATE TO DRIVE?  YES  NO

CAN YOU PROVIDE A CAR?  YES  NO

**LIVE-IN (IF APPLICABLE)**

PLEASE DESCRIBE QUARTERS:

DETACHED COTTAGE  ROOM AND BATH WITH SEPARATE ENTRANCE  
 ROOM IN HOUSE WITH PRIVATE BATH  ROOM IN HOUSE WITH SHARED BATH



**COMPENSATION AND BENEFITS**

DESIRED BUDGETED ANNUAL SALARY RANGE BASED ON DUTIES AND EXPERIENCE OF CANDIDATE:  
\$ \_\_\_\_\_ TO \$ \_\_\_\_\_

OR, WEEKLY RANGE:  
\$ \_\_\_\_\_ TO \$ \_\_\_\_\_

OR, HOURLY RANGE:  
\$ \_\_\_\_\_ TO \$ \_\_\_\_\_

BENEFITS:  MEDICAL INSURANCE  OTHER:

**SEARCH INFORMATION**

HOW DID YOU HEAR ABOUT US?  I AM A PREVIOUS CLIENT  MAGAZINE (PLEASE SPECIFY): \_\_\_\_\_  NEWSPAPER  
 FRIEND: \_\_\_\_\_  OTHER (PLEASE SPECIFY): \_\_\_\_\_  
 SEARCH ENGINE (PLEASE SPECIFY): \_\_\_\_\_

MEETING WITH US IN PERSON CAN HELP US UNDERSTAND THE REQUIREMENTS OF YOUR POSITION. ARE YOU INTERESTED IN SCHEDULING AN IN-RESIDENCE OR AN IN-OFFICE VISIT WITH A HAMPTONS EMPLOYMENT AGENCY PLACEMENT SPECIALIST?  YES  NO

WHAT DAYS AND TIMES ARE BEST TO SCHEDULE INTERVIEWS FOR YOU WITH POTENTIAL CANDIDATES?