



JOB APPLICATION FORM

Date: _____

Applying through: Boston Office Florida Office Hamptons Office New York City Office

PERSONAL INFORMATION

FIRST NAME:

MIDDLE NAME (IF APPLICABLE):

LAST NAME:

ADDRESS:

MONTHS/YEARS
AT THIS ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

CELL PHONE:

EMAIL (PLEASE PRINT CLEARLY):

CAN YOU PROVE THAT YOU CAN LEGALLY WORK IN THE U.S. (BY SIGNING AN I9 FORM)? YES NO

- POSITION DESIRED: (Select all that apply)
- | | | |
|--|---|--|
| <input type="checkbox"/> BABY NURSE | <input type="checkbox"/> GROUNDSKEEPER | <input type="checkbox"/> OFFICE WORKER |
| <input type="checkbox"/> BARTENDER | <input type="checkbox"/> HANDYMAN / CARPENTER | <input type="checkbox"/> PERSONAL ASSISTANT |
| <input type="checkbox"/> BUTLER | <input type="checkbox"/> HOUSEHOLD MANAGER | <input type="checkbox"/> PRIVATE EVENT STAFFING |
| <input type="checkbox"/> CHAUFFEUR | <input type="checkbox"/> HOUSEKEEPER | <input type="checkbox"/> PROPERTY MANAGER |
| <input type="checkbox"/> CHEF | <input type="checkbox"/> HOUSEKEEPER / COOK | <input type="checkbox"/> RETAIL STAFF MEMBER |
| <input type="checkbox"/> COMPANION / PERSONAL CARE AIDE | <input type="checkbox"/> HOUSEMAN | <input type="checkbox"/> SECURITY GUARD |
| <input type="checkbox"/> COOK | <input type="checkbox"/> LAUNDRESS | <input type="checkbox"/> SENIOR CARE AIDE |
| <input type="checkbox"/> DOMESTIC COUPLE / ESTATE COUPLE | <input type="checkbox"/> MAID | <input type="checkbox"/> SERVER |
| <input type="checkbox"/> ESTATE MANAGER | <input type="checkbox"/> MANNY | <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____ |
| <input type="checkbox"/> EVENT PLANNING | <input type="checkbox"/> NANNY / BABYSITTER | |

PLEASE STATE THE TYPE OF EMPLOYMENT YOU ARE APPLYING FOR:

LOOKING FOR: LIVE IN LIVE OUT PART TIME FULL TIME

DAYS OF THE WEEK YOU WILL BE AVAILABLE:

- | | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> MON | <input type="checkbox"/> TUE | <input type="checkbox"/> WED | <input type="checkbox"/> THU | <input type="checkbox"/> FRI | <input type="checkbox"/> SAT | <input type="checkbox"/> SUN |
| <input type="radio"/> MORNING | <input type="radio"/> MORNING | <input type="radio"/> MORNING | <input type="radio"/> MORNING | <input type="radio"/> MORNING | <input type="radio"/> MORNING | <input type="radio"/> MORNING |
| <input type="radio"/> AFTERNOON | <input type="radio"/> AFTERNOON | <input type="radio"/> AFTERNOON | <input type="radio"/> AFTERNOON | <input type="radio"/> AFTERNOON | <input type="radio"/> AFTERNOON | <input type="radio"/> AFTERNOON |
| <input type="radio"/> EVENING | <input type="radio"/> EVENING | <input type="radio"/> EVENING | <input type="radio"/> EVENING | <input type="radio"/> EVENING | <input type="radio"/> EVENING | <input type="radio"/> EVENING |

SALARY EXPECTATIONS: \$ _____ /YEAR • OR • \$ _____ /HOUR

ARE YOU WILLING TO RELOCATE? YES NO

IF YES, LIST ANY PREFERRED LOCATION(S):

- PLEASE SELECT ALL LOCATIONS WHERE YOU ARE WILLING TO WORK:
- | | | |
|---|--|---|
| <input type="checkbox"/> BOSTON AREA | <input type="checkbox"/> HAMPTONS / EAST END | <input type="checkbox"/> CALIFORNIA |
| <input type="checkbox"/> CONNECTICUT | <input type="checkbox"/> MID-LONG ISLAND | <input type="checkbox"/> OTHER (PLEASE LIST): _____ |
| <input type="checkbox"/> FLORIDA - EAST COAST | <input type="checkbox"/> NEW JERSEY | |
| <input type="checkbox"/> FLORIDA - WEST COAST | <input type="checkbox"/> NEW YORK CITY | |

QUALIFICATIONS/SKILLS:

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PERSONAL INFORMATION (continued)

DO YOU SPEAK LANGUAGES OTHER THAN ENGLISH? IF YES, LIST ALL LANGUAGES:

HOW LONG HAVE YOU BEEN IN THE SERVICE INDUSTRY?

EARLIEST DATE YOU COULD START:

ARE YOU CURRENTLY EMPLOYED? YES NO

CAN YOU WORK FLEXIBLE HOURS? YES NO

IF NEEDED, COULD YOU WORK OVERNIGHT FOR AN EMPLOYER? YES NO

CAN YOU LIVE IN ON THE WEEKENDS? YES NO

IN THE SUMMER, CAN YOU WORK 5 DAYS/WEEK IN THE HAMPTONS (IF APPLICABLE)? YES NO

HAVE YOU WORKED IN A FORMAL HOME? YES NO

DO YOU HAVE TRANSPORTATION? YES NO

DID YOU HAVE ACCIDENTS/MOVING VIOLATIONS IN WHICH YOU WERE A DRIVER IN THE LAST 3 YEARS? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
IF YES, EXPLAIN:

DO YOU SMOKE? YES NO

DO YOU DRINK ALCOHOLIC BEVERAGES? YES NO

IS LIFTING AN ISSUE? YES NO

ARE YOU ABLE TO CARRY OUT THE NECESSARY REQUIREMENTS OF THE JOB(S) YOU'RE APPLYING FOR, WELL AND SAFELY? YES NO

TELL US ABOUT YOUR EDUCATION:

HIGH SCHOOL: DID YOU GRADUATE? YES NO

LIST YEARS YOU ATTENDED: _____ LIST CITY AND STATE OF HIGH SCHOOL: _____

COLLEGE/UNIVERSITY: DID YOU GRADUATE? YES NO

LIST YEARS YOU ATTENDED: _____ LIST CITY AND STATE OF COLLEGE: _____

INDICATE SUBJECT MATTER STUDIED: _____

INDICATE YOUR HIGHEST DEGREE EARNED: ASSOCIATES BACHELORS MASTERS DOCTORATE

OTHER INSTITUTION: DID YOU GRADUATE? YES NO

LIST YEARS YOU ATTENDED: _____ LIST CITY AND STATE OF INSTITUTION: _____

INDICATE SUBJECT MATTER STUDIED: _____

WHAT ARE YOUR STRENGTHS?

WHAT ARE YOUR WEAKNESSES?

HOBBIES:

DO YOU LIKE PETS? YES NO

DO YOU LIKE CHILDREN? YES NO

ARE YOU AFRAID OF ANY PETS? YES NO

IF YOU ARE AFRAID OF PETS, WHICH ONE(S)?

RATE YOUR SWIMMING ABILITY FROM 1-10, 1 BEING POOR:



WORK EXPERIENCE (IMPORTANT: THIS SECTION MUST BE COMPLETED. DO NOT LIST "SEE RESUME" OR "REFER TO RESUME")

EMPLOYER/FAMILY NAME:		
REPRESENTATIVE/MANAGER FOR CLIENT (IF APPLICABLE):		
CLIENT LOCATION/TOWN (IF MULTIPLE, LIST ALL):		
EMAIL ADDRESS:	HOME PHONE:	
CELL PHONE:	OTHER PHONE:	
START DATE:	END DATE:	
TITLE/ DUTIES:		
REASON FOR LEAVING:	FINAL SALARY:	IS IT OK TO CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER/FAMILY NAME:		
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CLIENT LOCATION/TOWN (IF MULTIPLE, LIST ALL):		
EMAIL ADDRESS:	HOME PHONE:	
CELL PHONE:	OTHER PHONE:	
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PERSONAL REFERENCES	
NAME:	PHONE:
NAME:	PHONE:
NAME:	PHONE:

EMERGENCY CONTACTS (IN CASE WE CANNOT REACH YOU OR YOUR PHONE NUMBER CHANGES)	
CONTACT NAME:	PHONE:
CONTACT NAME:	PHONE:

SOURCE INFORMATION			
HOW DID YOU HEAR ABOUT US?	<input type="checkbox"/> FLYER - DOMESTIC JOBS	<input type="checkbox"/> NEWSPAPER - DAN'S	<input type="checkbox"/> SEARCH ENGINE - BING
	<input type="checkbox"/> FRIEND/REFERRAL	<input type="checkbox"/> NEWSPAPER - OTHER	<input type="checkbox"/> SEARCH ENGINE - GOOGLE
	<input type="checkbox"/> JOBS WEBSITE - INDEED	<input type="checkbox"/> POSTCARD/MAILING	<input type="checkbox"/> SEARCH ENGINE - YAHOO
	<input type="checkbox"/> JOBS WEBSITE - OTHER	<input type="checkbox"/> PREVIOUSLY REGISTERED	<input type="checkbox"/> SEARCH ENGINE - OTHER
	<input type="checkbox"/> MAGAZINE		<input type="checkbox"/> OTHER (PLEASE SPECIFY)

I, _____, acknowledge that Hamptons Employment Agency, Inc. will check my education, driving, and/or police records, as well as my previous employment. I hereby authorize Hamptons Employment Agency, Inc. to perform the aforementioned information checks. I further authorize Hamptons Employment Agency, Inc. to provide my background check report to potential employers. I fully understand this statement, and, to the best of my knowledge, I have provided true and correct information. I hereby release and hold harmless Hamptons Employment Agency, Inc. for any claim(s) that arises from any act by an employer with which I am placed. Moreover, I hereby release and hold harmless Hamptons Employment Agency, Inc. for any other claim(s) that is in any way related to my placement with an employer or to the placement process.

 Signature Print name Date

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