Helen's Agency 20335 Ventura Boulevard, Suite 110 Woodland Hills, CA 91364

Helen@HelensAgency.com 818-881-2685

Application for Household Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, or national origin.

<i>Live-in</i> □ Yes □ No	<i>Live-out</i> □ Yes □ No	Do you o	wn a car? Yes No
			Date
First/Middle name	Last r	name	
Street Address			Apt #
City	State	Zip Code	
Tel: ()	Cell: ()	Email:	
Position applying for: (Plea	ase underline all that apply)		
Housekeeper Nanny Bal	by-Nurse Chef Companion	Couple Full-Charge Ho	ousekeeper
Personal Assistant Driver	Houseman Estate Manager	Other:	
Cooking Skills: (Please und	derline) Gourmet Excellent	Simple	
Are you looking for full-tin	ne employment? 🗆 Yes 🕒 No	When can you begin? _	
If not, what hours ar	e you available?		
What days are you availabl	e to work? (Please underline)	Mon Tues Wed Thurs	Fri Sat Sun
Do you iron? ☐ Yes ☐ No	o <i>Do you swim?</i> 🗆 Yes 🗅 N	To Do you like pets? 🗖	Yes 🗖 No
Do you have any allergies?	☐ Yes ☐ No If so, what are	e they	
Are you a U.S. citizen or ot required to provide docume	herwise authorized to work in a	the U.S. on an unrestricte	d basis? (You may be
Are you able to travel withi	n the country? Yes No	Can you travel internat	ionally?
Are you willing to submit to	a criminal background invest	tigation?	
Are you willing to provide a	a current history of your drivin	g record? ☐ Yes ☐ No	
	Educati	<u>on</u>	
School Name	e and Location		Year
High School	Location		
College	Location		
Do you have certification in	CPR? ☐ Yes ☐ No		
If so: Adult: ☐ Ye	s □ No Child: □ Yes	□ No	
In addition to your work his consider?	tory, are there other skills, qual	ifications, certificates, or e	experience that we should

Employment History

(Start with most recent employer)

Name			
	City/State		
Zip Code Tel: (Cell: ()		
Date Started/_ Date Ended Month Year			
May we contact this person? ☐ Yes ☐ No	Did you live-in or live-out?		
Responsibilities			
Reason for leaving			
Name			
Address	City/State		
Zip Code Tel: (Cell: ()		
Date Started/ Date Ended Month Year	Month Year		
May we contact this person? ☐ Yes ☐ No	Did you live-in or live-out?		
Responsibilities			
Reason for leaving			
Name			
	City/State		
Zip Code Tel: (Cell: ()		
Date Started/ Date Ended Month Year	Month Year		
May we contact this person? ☐ Yes ☐ No	Did you live-in or live-out?		
Responsibilities			
Reason for leaving			

Attach resume and letters of recommendation along with any copies of certificates, if applicable.

sufficient cause for dismissal. Helen's Agency is hereby authorized to make any investigations of my prior educational, employment, and criminal history.
How did you hear of this agency?

Signature_____ Date _____

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered