

# Nanny Application



## GENERAL INFORMATION

Full Legal Name		Today's Date	
Other names used (Maiden, Etc)			
Address		Apt #	
City		State	Zip Code
Home Phone	Work Phone	Cell Phone	
Best time and number to call		Email Address	
Please provide your addresses for the past 10 years (City and State), for background purposes. Please be specific			
Do you have proof of eligibility to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>			

## JOB QUALIFICATION AND INFORMATION

Position desired (check all that apply)		Weekly salary desired (before taxes)
Full-time Live-in <input type="checkbox"/>	Summer Placement <input type="checkbox"/>	Age and number of children that you feel comfortable caring for.
Full-time Live-out <input type="checkbox"/>	Travel nanny <input type="checkbox"/>	
Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you able to make a one year commitment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you CPR certified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you completed a First Aid course? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Duties you are willing to perform (check all that apply)		
Light housekeeping <input type="checkbox"/>	Children's meals <input type="checkbox"/>	
Children's Laundry <input type="checkbox"/>	Family meals <input type="checkbox"/>	
Family's Laundry <input type="checkbox"/>		
Please indicate meals you are willing to prepare.		
Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>	Dinner <input type="checkbox"/>
Can you swim? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to work in a home with pets? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you willing to care for pets? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you drive? Yes <input type="checkbox"/> No <input type="checkbox"/>	Standard transmission (stick shift)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you speak other languages? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what languages do you speak?		
Are you a high school graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not, please explain		
Are you a college graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what was your major/area of study?		

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## EDUCATION HISTORY

Type of School	Name of School	Location (Complete mailing address)	Number of years	Major & Degree

## EMPLOYMENT HISTORY

Please list your work experience for the **past five years**, beginning with your most recent job. If you were self-employed, give firm name.

Employer/Company 1 Name		Phone Number	Dates Employed
Contact Name			Start Date _____
Address			End Date _____
Job Title		Reason for leaving	
Was the job child care related?	Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
List the duties you performed			

Employer/Company 2 Name		Phone Number	Dates Employed
Contact Name			Start Date _____
Address			End Date _____
Job Title		Reason for leaving	
Was the job child care related?	Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
List the duties you performed			

Employer/Company 3 Name		Phone Number	Dates Employed
Contact Name			Start Date _____
Address			End Date _____
Job Title		Reason for leaving	
Was the job child care related?	Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
List the duties you performed			

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## CHILDCARE REFERENCES

Reference 1 Name	Phone Number	Dates Employed
Contact Name		Start Date _____
Address		End Date _____
Job Title	Reason for leaving	
May we contact your employer?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
List the duties you performed		

Reference 2 Name	Phone Number	Dates Employed
Contact Name		Start Date _____
Address		End Date _____
Job Title	Reason for leaving	
May we contact your employer?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
List the duties you performed		

Reference 3 Name	Phone Number:	Dates Employed
Contact Name		Start Date _____
Address		End Date _____
Job Title	Reason for leaving	
May we contact your employer?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
List the duties you performed		

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## **PERSONAL ESSAY**

Please write a detailed summary about yourself (eg. skills, strengths, interests, hobbies, etc.)

How did you hear about NannyCare Connections?

### **PLEASE READ CAREFULLY**

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts is cause for cancellation of placement services without any prior notice. I hereby give NannyCare Connections, LLC permission to contact schools, previous employers (unless otherwise indicated), references, and others. I further authorize the company to complete a criminal background check and obtain a copy of my driving record. I hereby release the Company from any liability as a result of such contacts, inquiries, or records in order to ascertain my qualifications and fitness for employment.

NannyCare Connections, LLC is an equal opportunity employment agency and does not discriminate in the referral of job applicants on the basis of age, race, creed, color, national origin, sex, disability status, marital status, or sexual orientation.

**Thank you for completing this application form and for your interest in our business.**

Printed Name of Applicant: \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_