

# NANNY EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address: \_\_\_\_\_ (if less than 2 years please enter Previous Address below)

Previous Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver license number: \_\_\_\_\_ State issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Do you own a car?  Yes  No Make and model: \_\_\_\_\_

## Job Preferences

What is your desired weekly salary? \$ \_\_\_\_\_  GROSS (before taxes)  NET (after taxes)

What is your desired hourly salary? \$ \_\_\_\_\_  GROSS (before taxes)  NET (after taxes)

Live-in  Live-out  Full-time  Permanent  Mon-Fri

Part-time  Temporary  Tue-Sat  Weekends

Other (please specify) \_\_\_\_\_

Do you require a vehicle to be provided?  Yes  No

Are you willing to use your own vehicle for work related purposes?  Yes  No

Are you flexible on days and hours?

Very flexible  Somewhat flexible  Not flexible

How long do you want to work in this position?

6 months  1 year  2 years  3 or more years

Type of Job Applying For:

Nanny  Nanny/Houskeeper  Nanny/Household Manager

Are you willing to travel with the family?  Yes  No

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Do you smoke? Yes No

Do you drink alcohol? Yes No Occasionally

Can you swim? Yes No

Are you a certified lifeguard? Yes No

Is working in a house with pets okay? Yes No

Are you allergic to dogs? Yes No Cats? Yes No

Are you willing to (check all that apply):

Care for the family pet Run errands Participate in carpool

Do you have current CPR certification? Yes No

Do you have current first-aid certification? Yes No

What ages of children do you prefer to work with? \_\_\_\_\_

Why? \_\_\_\_\_

Maximum number of children you are willing to care for: \_\_\_\_\_

Do you have experience working for families with multiples? Yes No

Would you care for twins? Yes No Triplets? Yes No

Will you work with children that have special needs? Yes No

Please check the family situations you would like to work in:

Parents working outside of the home At-home parent Single parent

How did you spend your day in your previous nanny position? \_\_\_\_\_

Are you comfortable transporting children in a vehicle? Yes No

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Are you most comfortable in a position where you direct the children's daily schedule or a position where the parents leave a specific schedule for you to implement? \_\_\_\_\_

What is your primary language? \_\_\_\_\_

Other languages spoken: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## Previous Employment Experience

How many years of childcare experience do you have? \_\_\_\_\_

### List previous employers with most recent first:

#### Employer #1:

Family's last name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you find this job? \_\_\_\_\_

Date job started: \_\_\_\_\_ ended: \_\_\_\_\_

Salary: \$ \_\_\_\_\_  Gross  Net  Per hour  Per week

Live-in  Live-out  Full-time  Part-time

Days and hours of job: \_\_\_\_\_

#### Children:

1.  Male  Female Beginning age: \_\_\_\_\_ Final age: \_\_\_\_\_

2.  Male  Female Beginning age: \_\_\_\_\_ Final age: \_\_\_\_\_

3.  Male  Female Beginning age: \_\_\_\_\_ Final age: \_\_\_\_\_

4.  Male  Female Beginning age: \_\_\_\_\_ Final age: \_\_\_\_\_

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Responsibilities:  Childcare  Housekeeping  Driving  Cooking  Homework

Other: \_\_\_\_\_

Likes and dislikes: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## **Employer #2:**

Family's Last Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you find this job? \_\_\_\_\_

Date job started: \_\_\_\_\_ ended: \_\_\_\_\_

Salary: \$ \_\_\_\_\_  Gross  Net  Per hour  Per week

Live-in  Live-out  Full-time  Part-time

Days and hours of job: \_\_\_\_\_

## Children:

1.  Male  Female Beginning age: \_\_\_\_\_ Final age: \_\_\_\_\_

2.  Male  Female Beginning age: \_\_\_\_\_ Final age: \_\_\_\_\_

3.  Male  Female Beginning age: \_\_\_\_\_ Final age: \_\_\_\_\_

4.  Male  Female Beginning age: \_\_\_\_\_ Final age: \_\_\_\_\_

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Responsibilities:  Childcare  Housekeeping  Driving  Cooking  Homework

Other: \_\_\_\_\_

Likes and dislikes: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## **Employer #3:**

Family's Last Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you find this job? \_\_\_\_\_

Date job started: \_\_\_\_\_ ended: \_\_\_\_\_

Salary: \$ \_\_\_\_\_  Gross  Net  Per hour  Per week  
 Live-in  Live-out  Full-time  Part-time

Days and hours of job: \_\_\_\_\_

## Children:

1.  Male  Female Beginning age: \_\_\_\_\_ Final age: \_\_\_\_\_

2.  Male  Female Beginning age: \_\_\_\_\_ Final age: \_\_\_\_\_

3.  Male  Female Beginning age: \_\_\_\_\_ Final age: \_\_\_\_\_

4.  Male  Female Beginning age: \_\_\_\_\_ Final age: \_\_\_\_\_

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Responsibilities: Childcare Housekeeping Driving Cooking Homework

Other: \_\_\_\_\_

\_\_\_\_\_  
Likes and dislikes: \_\_\_\_\_

\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
Have you held any jobs not listed above? Yes No

If yes please elaborate: \_\_\_\_\_  
\_\_\_\_\_

## Education

High school attended: \_\_\_\_\_

Did you graduate? Yes No What year? \_\_\_\_\_

College attended: \_\_\_\_\_

Degree: \_\_\_\_\_

Year graduated: \_\_\_\_\_

Child related courses taken in college:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

List extracurricular activities in college: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Hobbies and Interests

Professional Affiliations: \_\_\_\_\_

Do you have any other skills (dance, music, crafts, sports, etc.) that relate to children's activities?

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Describe your future goals: \_\_\_\_\_

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What do you like most about being a nanny? \_\_\_\_\_

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What do you like least about being a nanny? \_\_\_\_\_

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Is there anything else you would like us to know? \_\_\_\_\_

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## Medical/Mental Health Information

*In order to assure safe child care we must know about medical and psychiatric conditions that could affect your ability to perform the job.*

Are you presently suffering from any communicable disease(s) that could be transmitted to a child you are caring for? Yes No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Are you presently taking any medication(s), prescribed or not, that affect your judgment, coordination, levels of alertness and ability to respond in an emergency? Yes No

Do you have any physical condition that might impair or prevent your ability to perform any reasonably physical act normally required in the care of children? Yes No

Do you have any mental condition that might impair or prevent your ability to protect a child from harm or that could impair your judgment? Yes No

## Emergency Contact Information

Who do we call in an emergency?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

I hereby certify that the information contained herein is true and correct to the best of my knowledge.

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