



## Nanny Application for Employment

| <b>Applicant Information</b>                              |   |   |                         |  |
|---|---|---|-------------------------|--|
| Last Name:  | First Name:   | M.I.  | Date of Application:    |  |
| Street Address:   |   |   | Unit/Apt. Number:       |  |
| City:   | State:  | Zip Code:   |                         |  |
| E-mail Address:   | Cell Phone:   | Alternate Phone:  |                         |  |
| Are you authorized to work in the US?                     | Do you have a Driver License?   | Date of Birth or Age:   |                         |  |
| Are you currently healthy enough to lift up to 30 lbs?    | Are you currently employed?   | Available Start Date:   |                         |  |
| Have you ever committed a felony? If yes, please explain? | Will you consent to a background check?                               | Will you consent to medical checks and drug screening?              |                         |  |
| Are you currently in school/training Program?             | Do you currently smoke?   | Will you need health insurance?                                     |                         |  |
| <b>Availability and Flexibility</b>                       |   |   |                         |  |
| <input type="checkbox"/> Sunday                           | Begin_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | End_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | _____Hours<br>available | <input type="checkbox"/> Occasionally<br><input type="checkbox"/> With Notice<br><input type="checkbox"/> Flexible |
| <input type="checkbox"/> Monday                           | Begin_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | End_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | _____Hours<br>available | <input type="checkbox"/> Occasionally<br><input type="checkbox"/> With Notice<br><input type="checkbox"/> Flexible |
| <input type="checkbox"/> Tuesday                          | Begin_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | End_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | _____Hours<br>available | <input type="checkbox"/> Occasionally<br><input type="checkbox"/> With Notice<br><input type="checkbox"/> Flexible |
| <input type="checkbox"/> Wednesday                        | Begin_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | End_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | _____Hours<br>available | <input type="checkbox"/> Occasionally<br><input type="checkbox"/> With Notice<br><input type="checkbox"/> Flexible |
| <input type="checkbox"/> Thursday                         | Begin_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | End_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | _____Hours<br>available | <input type="checkbox"/> Occasionally<br><input type="checkbox"/> With Notice<br><input type="checkbox"/> Flexible |
| <input type="checkbox"/> Friday                           | Begin_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | End_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | _____Hours<br>available | <input type="checkbox"/> Occasionally<br><input type="checkbox"/> With Notice<br><input type="checkbox"/> Flexible |
| <input type="checkbox"/> Saturday                         | Begin_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | End_____<br><input type="checkbox"/> am <input type="checkbox"/> pm | _____Hours<br>available | <input type="checkbox"/> Occasionally<br><input type="checkbox"/> With Notice<br><input type="checkbox"/> Flexible |



- Are you willing to work evenings?  No  Yes  Occasionally  With Notice
- Are you willing to work weekends?  No  Yes  Occasionally  With Notice
- Are you willing to travel with family?  No  Yes  Occasionally  With Notice
- Are you willing to travel to second home?  No  Yes  Occasionally  With Notice
- Are you willing to be paid on the books?  No  Yes  Willing to discuss
- Are you willing to:
- Cook as part of the job?  No  Children  Family
  - Child related housekeeping?  No  Yes
  - Light housekeeping duties?  No  Yes
  - Heavy housekeeping?  No  Yes
  - Household errands?  No  Yes
  - Work with pets?  No  Yes

| <b>Childcare or Other Relevant Work Experience</b> |                     |           |
|--|---------------------|-----------|
| Name of Company/Employer:                          | Phone Number:       |           |
| Age of Children:                                   | Salary/Hourly Wage: |           |
| May We Contact for Reference?                      | Start Date:         | End Date: |
| Basic Responsibilities:                            | Reason for Leaving: |           |
| Work Schedule (Days and Times):                    |                     |           |
| Name of Company/Employer:                          | Phone Number:       |           |
| Age of Children:                                   | Salary/Hourly Wage: |           |
| May We Contact for Reference?                      | Start Date:         | End Date: |
| Basic Responsibilities:                            | Reason for Leaving: |           |
| Work Schedule (Days and Times):                    |                     |           |



How many years have you been working as a childcare provider? \_\_\_\_\_

Did you graduate high school or receive your G.E.D.?  No  Yes

Have you attended college?  No  Yes

Name of college attended: \_\_\_\_\_

Did you graduate?  No  Yes  Currently in school

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

Do you have CPR and first aid training?  No  Yes

Date of certification: \_\_\_\_\_

If not certified, are you willing to be trained?  No  Yes

Courses taken or certification held that will help you fulfill your role caring for and educating children: \_\_\_\_\_

Are you able to provide an appropriate activity plan for my child?  No  Yes  Willing to discuss

### References

|        |  |             |               |  |  |
|--------|--|-------------|---------------|--|--|
| Name:  |  |             | Email:        |  |  |
| Phone: |  | Time Known: | Relationship: |  |  |
| Name:  |  |             | Email:        |  |  |
| Phone: |  | Time Known: | Relationship: |  |  |
| Name:  |  |             | Email:        |  |  |
| Phone: |  | Time Known: | Relationship: |  |  |

### Childcare Philosophy



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| <b>Signature and Disclaimer</b>  |      |
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| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination of my employment. |      |
| Applicant's Signature  | Date |