

FT / PT / TEMP

Personal information

Name: _____

Address: _____

City/State/Zip _____

Home phone: _____

Cell phone number : _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Do you have a car? Yes No

Make/Model/Year: _____

Driver's License Number: _____

Insurance Company: _____ Full Coverage Liability

List all states lived in after 18years of age? _____

Have you ever been arrested, charged or convicted of any criminal act? Yes No

Have you ever been substantiated as a perpetrator of child abuse or neglect investigated by a state child-related social services agency? Yes No

Are there any medical conditions that would hinder your ability to perform any work as a nanny? Yes No

If yes, please describe: _____

Do you smoke? Yes No Are you a U.S. citizen? Yes No

Hobbies: _____

Please describe your own family.

Do you have children? Yes No Do you have backup child care? Yes No

How many/what ages? _____

Please list your two *strongest* characteristics and your two *weakest* characteristics:

Do you have a religious affiliation? Yes No

Are you comfortable with families who have different religious affiliations? Yes No

Employment History

List Length of Time and Experience as a Nanny: _____

Past Job Experience (other than nanny work) : _____

Volunteer work: _____

Clubs, professional associations, organizational affiliations: _____

What negative or frustrating job experiences have you had in your past employment?

How would you handle conflicts with your employer should they arise?

Education

	Dates	Institution	City	State	Last Grade Completed	Area of Study	Degree
High school	_____	_____	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____	_____	_____
Trade School	_____	_____	_____	_____	_____	_____	_____

Do you have current CPR training? Yes No Infant CPR? Yes No Date of certification: _____

Do you speak any languages other than English? Yes No

Childcare

Do you have any specialized training in childcare? Yes No

Explain: _____

Why do you want to be a nanny?

What kind of family atmosphere do you prefer to work in?

What type of relationship do you want to have with your employers and their children?

Why do you feel a family should choose you to take care of their children?

What are your future plans and goals?

What age of children do you feel most comfortable with? _____

What is the maximum number of children you will work with? _____

What discipline methods do you practice while taking care of children? _____

Have you had any emergencies relating to children? If so, how have you handled them? _____

Describe some of the activities you would do with the following (skip if applying with older kids):

An infant? _____

A two year old? _____

A four year old? _____

Describe a typical lunch for a child ages 2-4: _____

Are you willing to be a household manager? Yes No Do you have household management experience? If yes, please explain: _____

Check the household tasks you are willing to assume:

- | | | |
|---|--|--|
| <input type="checkbox"/> family laundry | <input type="checkbox"/> family cooking | <input type="checkbox"/> family errands |
| <input type="checkbox"/> children's laundry | <input type="checkbox"/> child-related cooking | <input type="checkbox"/> child-related errands |
| <input type="checkbox"/> ironing | <input type="checkbox"/> carpool | <input type="checkbox"/> dishes |
| <input type="checkbox"/> grocery shopping | <input type="checkbox"/> making beds | <input type="checkbox"/> vacuuming |

Please rate your cooking skills: excellent good fair poor

Describe the kinds of household duties/cooking you are *unwilling* to perform:

Are you willing to work with a stay at home mom? Yes No In-home office? Yes No

Do you have any allergies? Yes No Please describe: _____

Will you work in a home with dogs? Yes No Cats? Yes No Other animals? Yes No

How long are you willing to commit to a family? _____

Are you willing to travel with a family? Yes No Duration? _____

What geographical location would you most like to work in? (please give specific boundaries)

Available start date: _____

Desired salary range for fulltime: _____ Desired part time hourly range? _____

List hours/schedule you are available to work: _____

Are you willing to consider: evening's weekends 24 hour care overnight stays live-in

References

Please list a **minimum** of 3 childcare references. Do not list relatives or personal family friends.

Name:
Address:
City/state/zip:
Daytime phone:
Length of time/dates employed:
Ages of children at the time:

Name:
Address:
City/state/zip:
Daytime phone:
Length of time/dates employed:
Ages of children at the time:

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