

# Nanny Employment Application

## Personal Information

Please print legibly

Last Name		First Name		Middle Initial	Date
Full Street (Mailing) Address (including apartment number)		City	State	ZIP	
Social Security Number	Day Telephone	Evening Telephone		Fax Number (if available)	
Available starting date	Hours available to work	Days available to work		Desired salary range	
18 years of age or older?	Do you smoke?	If no, do you object to smoking?		Are you legally eligible to work in the U.S.?	
Yes    No	Yes    No	Yes    No		Yes    No	
Do you have a driver's license?		Since When?	List state and license number		
Yes    No					
Have you ever had a moving or driving related violation or traffic accident (include tickets)?					Yes    No
If yes, list specifics.					
Have you ever been arrested or convicted of a felony and/or a misdemeanor?					Yes    No
If yes, please explain.					
Have you ever been the subject of a substantiated complaint of child or sexual abuse?					Yes    No
If yes, please explain.					
Are you certified in First Aid?		Are you certified in CPR?		Do you swim?	
Yes    No		Yes    No		Yes    No	
Are you willing to become certified in these programs?					Yes    No
If no, please list which programs you are NOT willing to become certified in					
Are you comfortable caring for children when they are mildly ill?				Do you need health insurance?	
Yes    No				Yes    No	
Please list any pets you would NOT be comfortable being around/living with.					

## For Live-in Applicants only

Have you ever lived away from home before?		If yes, how far away (in hours or miles), for how long and when?			
Yes    No					
Have you ever been responsible for the payment of your own living expenses?				Yes    No	
Have you ever had a checking account?		Do you have cooking skills?		Do you do your own laundry?	
Yes    No		Yes    No		Yes    No	
Do you plan on bringing a vehicle?		If yes, please list year, make and model			
Yes    No					

**Medical Information**

Do you have any medical condition that could affect your ability to care for children?	Yes	No
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If yes, please explain.	
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For each of the following, please indicate if you are willing to submit to, at no expense to you.

Physical Examination	Drug screening	T.B. test	HIV test
Yes    No	Yes    No	Yes    No	Yes    No

Have you been immunized against the common childhood diseases?	Yes	No
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If no, which ones have you NOT been immunized against?	
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Do you have any diet restrictions?	Yes	No
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If yes, please explain	
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Do you have any current or history of emotional health problems?	Yes	No
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If yes, please explain	
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Have you ever been recommended to an alcohol or drug rehabilitation or mental institution?	Yes	No
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If yes, please explain	
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**Educational Background**

Do you have a high school diploma/GED?	Please list name of high school
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Yes    No	
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Please list name of college (if attended)	Dates attended	Major
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Degree/Certificate Received	Phone Number
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Please list any other special training you would like us to be aware of

**Employment History**

Current Employer (if a company, full company name)	Supervisor's Name / Phone Number (if different)
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Employer's full mailing address	City	State	ZIP
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Employer's Telephone Number	Position you held	Employed since	Ending salary
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Reason for Leaving	May we contact?
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	Yes    No
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# List ALL CHILDCARE References for the Past FIVE Years

<b>Company/Family Name</b>		Date Employed From		To
Employer's full mailing address		City	State	ZIP
Employer's Telephone Number	Position you held	Ending salary		May we contact?
				Yes No
Reason for leaving				
Describe your responsibilities in detail				
<b>Company/Family Name</b>		Date Employed From		To
Employer's full mailing address		City	State	ZIP
Employer's Telephone Number	Position you held	Ending salary		May we contact?
				Yes No
Reason for leaving				
Describe your responsibilities in detail				
<b>Company/Family Name</b>		Date Employed From		To
Employer's full mailing address		City	State	ZIP
Employer's Telephone Number	Position you held	Ending salary		May we contact?
				Yes No
Reason for leaving				
Describe your responsibilities in detail				
<b>Company/Family Name</b>		Date Employed From		To
Employer's full mailing address		City	State	ZIP
Employer's Telephone Number	Position you held	Ending salary		May we contact?
				Yes No
Reason for leaving				
Describe your responsibilities in detail				

**Personal, Character or Professional References****PERSONAL, CHARACTER OR PROFESSIONAL REFERENCE 1**

Name	Relationship
Phone Number	Length of time known

**PERSONAL, CHARACTER OR PROFESSIONAL REFERENCE 2**

Name	Relationship
Phone Number	Length of time known

**Childcare Background/Information**

Ages of The Children You Have Cared For		Please List The Ages You Have the Most and Least Experience With	
Youngest	Oldest	Most	Least
Age you started caring for children	Did you care for your siblings?		
	Yes	No	
Have you had experience working with special needs children?		Yes	No
If yes, please explain			
Have you had to handle an emergency of any kind?		Yes	No
If yes, please explain			

I CERTIFY THAT I HAVE ANSWERED ALL THE QUESTIONS ON THIS APPLICATION ACCURATELY AND TO THE BEST OF MY KNOWLEDGE. I HAVE NOT WITHHELD ANY INFORMATION WHICH WOULD CAUSE THE INFORMATION GIVEN ABOVE TO BE MISLEADING. IN THE EVENT OF MY EMPLOYMENT AS A RESULT, IN FULL OR IN PART, FROM THE INFORMATION CONTAINED ON THIS APPLICATION, I UNDERSTAND THAT ANY INACCURATE OR MISLEADING INFORMATION IS GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT.

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Signature of Applicant

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Date