



## NANNY PLACEMENT SERVICE

### NANNY APPLICATION-Part 1

Date of Application \_\_\_\_\_ Applying for what position? \_\_\_\_\_

Full Name and Address:

\_\_\_\_\_

Home number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email address \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (It is only used for verification purposes. You may wait to provide this in person.)

What is your nearest contact's name and phone number?

\_\_\_\_\_

Your current employer or school \_\_\_\_\_ Is it FT or PT? \_\_\_\_\_

Does your employer know of your plans to change jobs? Yes \_\_\_\_ No \_\_\_\_

Why do you desire to make a change? \_\_\_\_\_

List highest level of education achieved/what degree?

\_\_\_\_\_

Do you want [ ] FT [ ] PT [ ] TEMPORARY or [ ] PERMANENT WORK?

How much money do you need to make each week? \_\_\_\_\_

What days and hours are you available to work?

Mon. \_\_\_\_\_

Tues. \_\_\_\_\_

Wed. \_\_\_\_\_

Thurs. \_\_\_\_\_

Fri. \_\_\_\_\_

Sat. \_\_\_\_\_

Sun. \_\_\_\_\_

When would you be available to start this new position? \_\_\_\_\_

Do you have any active applications outstanding, such as for a mission trip, internship, school, or other employment about which you are waiting to hear? If yes, please explain.

Do you ever smoke? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_ If yes, what are they? \_\_\_\_\_

You might be asked to transport children in your vehicle.

Do you have a Driver's License? \_\_\_\_\_

Do you have transportation that is reliable and doesn't often breakdown? \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

List any restrictions on your license \_\_\_\_\_

Your auto insurance company \_\_\_\_\_

Do you have a current auto insurance policy? \_\_\_\_\_

Do you have back-up transportation if you have car problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what is your plan?

Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

If "no", you must provide documentation of your work status (Work Visa, Student Visa, Green Card).

Do you have a Work Visa? Yes \_\_\_\_\_ No \_\_\_\_\_ ; Green Card? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been dismissed from a job for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever held a position of trust? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been disciplined in any way, as an adult, for an act of dishonesty?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", please explain: \_\_\_\_\_

This position will require lifting, bending and reaching. It may involve climbing stairs and carrying children and/or cleaning supplies and equipment up and down stairs. Are you able to perform this sort of work?

\_\_\_\_\_

Have you had any serious illness in the last 5 years that could reoccur? \_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_

If your answer is "no", do you need this position to provide you with medical insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **Employment History**

List your entire employment history for the last 5 years. Start with your present, or most recent job. Please complete all sections fully even if providing a resume. Current Email addresses and phone numbers are required.

1) Dates of Employment: month/year \_\_\_\_\_ to month/year \_\_\_\_\_

Business Name \_\_\_\_\_

Supervisor and his/her title \_\_\_\_\_

**Email address** \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Your job titles and duties \_\_\_\_\_

May I contact them? Yes \_\_\_\_\_ No \_\_\_\_\_

If "no", why? \_\_\_\_\_

Specific reason for leaving this position?

(2) Dates of Employment: month/year \_\_\_\_\_ to month/year \_\_\_\_\_  
Business Name \_\_\_\_\_  
Supervisor and his/her title \_\_\_\_\_  
**Email address** \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
Your job titles and duties \_\_\_\_\_  
May I contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
If “no”, why? \_\_\_\_\_  
Specific reason for leaving this position? \_\_\_\_\_

(3) Dates of Employment: month/year \_\_\_\_\_ to month/year \_\_\_\_\_  
Business Name \_\_\_\_\_  
Supervisor and his/her title \_\_\_\_\_  
**Email address** \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
Your job titles and duties \_\_\_\_\_  
May I contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
If “no”, why? \_\_\_\_\_  
Specific reason for leaving this position? \_\_\_\_\_

(4) Dates of Employment: month/year \_\_\_\_\_ to month/year \_\_\_\_\_  
Business Name \_\_\_\_\_  
Supervisor and his/her title \_\_\_\_\_  
**Email address** \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
Your job titles and duties \_\_\_\_\_  
May I contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
If “no”, why? \_\_\_\_\_  
Specific reason for leaving this position? \_\_\_\_\_

(5) Dates of Employment: month/year \_\_\_\_\_ to month/year \_\_\_\_\_  
Business Name \_\_\_\_\_  
Supervisor and his/her title \_\_\_\_\_  
**Email address** \_\_\_\_\_  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_  
Your job titles and duties \_\_\_\_\_  
May I contact them? Yes \_\_\_\_\_ No \_\_\_\_\_  
If “no”, why? \_\_\_\_\_  
Specific reason for leaving this position? \_\_\_\_\_

Please explain any gaps in employment of two months or longer.

**Character References**

List at least 3 character/personal references that have known you well for at least 2 years (non relatives). Email addresses, and phone numbers are requested.

1.Name \_\_\_\_\_  
Cell number \_\_\_\_\_  
Email address \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
How long have you known each other? \_\_\_\_\_

2.Name \_\_\_\_\_  
Cell number \_\_\_\_\_  
Email address \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
How long have you known each other? \_\_\_\_\_

3.Name \_\_\_\_\_  
Cell number \_\_\_\_\_  
Email address \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
How long have you known each other? \_\_\_\_\_

Do you have any personal problems or responsibilities that may affect your job performance, reliability, or daily attendance? Yes \_\_\_\_\_ No \_\_\_\_\_ If “yes”, please explain.

What hobbies, skills, or talents might you be able to share with children?

What have you disliked about previous jobs?

Do you presently have any plans that will require time off from work? If so, what are the dates that you will be unable to work?

**Please carefully read the following and sign below with your complete name.**

**I attest that I have never been judged by the courts to be the parent of a child in need of protection, nor have I been convicted of abuse or neglect, or been the subject of a substantiated claim of abuse or neglect.**

**I attest that while caring for children I will not take any alcohol or narcotics or any other substance that may impair my ability to care for children.**

**I attest that all of the above information is true to the best of my knowledge.**

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

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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