



Name \_\_\_\_\_ Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_

(Optional)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Birthdate \_\_\_\_\_

Have you ever been arrested, or convicted of a misdemeanor or a felony?  
If yes, please explain. (This will not necessarily exclude you from getting a  
job.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Do you swim? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have a car? \_\_\_\_\_ Make, Model, Year \_\_\_\_\_

License Plate Number \_\_\_\_\_

Are you: married? engaged? single? divorced? separated? widowed?

Where does your husband work? \_\_\_\_\_

Do you have any children? Ages \_\_\_\_\_ Who is your

backup if they get sick, etc? \_\_\_\_\_

What is your religion? (optional) \_\_\_\_\_

Do you have any medical training? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

If requested, are you willing to go through the process of drug screening,  
medical testing, fingerprinting, or psychological testing? (at no charge to  
you) \_\_\_\_\_

**AUTHORIZATION**

I, \_\_\_\_\_ authorize any employer, law enforcement agency, state agency, or private company that has any record or knowledge of my criminal history or driving records, to release said information to The Nanny Agency, Inc. This information may also include records pertaining to birth, court, education, financial, immigration, naturalization, legal, medical, and military records. This authorization will be valid for 5 years from the date signed. Also, a copy of this authorization will be as valid as the original.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I release The Nanny Agency, Inc. from all liability for any damage that may result from utilization of this knowledge.

I also authorize any additional periodic checks from any or all of the above deemed necessary by my employer.

\_\_\_\_\_  
Last Name    Maiden Name    First Name    MI    Social Security Number

\_\_\_\_\_  
Driver's License #    State    Birthdate    Place of Birth

Current Complete Address \_\_\_\_\_  
\_\_\_\_\_

Previous Complete Address (Include the county) \_\_\_\_\_  
\_\_\_\_\_

2<sup>nd</sup> Previous Complete Address (Include the county) \_\_\_\_\_  
\_\_\_\_\_

List other cities, states and counties where you have lived and when.  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

	<u>Name &amp; Location</u>	#Years	Did you Graduate?	Major
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Currently attending?	_____	Schedule	_____	
Honors	_____			

Are you fluent in any other languages? \_\_\_\_\_

Describe any additional information regarding your skills that might be helpful to a potential employer.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you think you should be considered for this position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you deal with un-cooperative or disobedient children?

\_\_\_\_\_

\_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge. If I do not have current CPR certification, I agree to obtain it within the first 30 days of my employment. In the event that The Nanny Agency does not receive its placement fee, I agree to discontinue working for the family if the agency asks me to do so.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Your name \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Relationship \_\_\_\_\_

Have you ever received treatment from a mental health professional? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Please describe any present or past health issues. \_\_\_\_\_

\_\_\_\_\_

Do you have allergies? \_\_\_\_\_

How many days did you miss last year due to illness? Please describe.

\_\_\_\_\_

Have you been treated for the following?

**AIDS**

**Asthma**

**Cancer**

**Diabetes**

**Epilepsy**

**Heart Disease**

**Hepatitis**

**Leukemia**

**Menstrual problems**

**Sexually transmitted diseases**

**Tuberculosis**

Your Name \_\_\_\_\_

MAY WE CALL YOUR CURRENT EMPLOYER? Yes No

**EMPLOYMENT: List most recent jobs first.**

\_\_\_\_\_  
Current or Last Employer                      Address                      City                      State                      Zip

\_\_\_\_\_  
Home Number                      Work Number                      Ages of Children When Job Began

\_\_\_\_\_  
Starting Date                      Ending Date                      Hours worked/Days                      Live-in                      Live-out

\_\_\_\_\_  
Job Description                      Salary

Reason for Leaving \_\_\_\_\_  
\*\*\*\*\*

\_\_\_\_\_  
Employer                      Address                      City                      State                      Zip

\_\_\_\_\_  
Home Number                      Work Number                      Ages of Children When Job Began

\_\_\_\_\_  
Starting Date                      Ending Date                      Hours worked/Days                      Live-in                      Live-out

\_\_\_\_\_  
Job Description                      Salary

Reason for Leaving \_\_\_\_\_  
\*\*\*\*\*

\_\_\_\_\_  
Address                      City                      State                      Zip                      Employer

\_\_\_\_\_  
Home Number                      Work Number                      Ages of children when job began

\_\_\_\_\_  
Starting Date                      Ending Date                      Hours worked/Days                      Live-in                      Live-out

\_\_\_\_\_  
Job Description                      Salary

Reason for Leaving \_\_\_\_\_  
\*\*\*\*\*

\_\_\_\_\_  
Employer                      Address                      City                      State                      Zip

\_\_\_\_\_  
Work number                      Ages of children when job began                      Home Number

\_\_\_\_\_  
Starting Date                      Ending Date                      Hours worked/Days                      Live-in                      Live-out

\_\_\_\_\_  
Job Description                      Salary

Reason for Leaving \_\_\_\_\_

Your Name \_\_\_\_\_

Names, phone numbers, dates, etc. of any additional CHILDCARE references.

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Give name and phone numbers of PERSONAL references not related to you.

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Do you have any experience working with a special needs child? If yes, please explain:

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Cared for a nursing baby?\_\_\_ Toilet trained?\_\_\_ Taught child to swim?\_\_\_

Ages of children that you have worked with in the past:

Infants\_\_\_ Toddlers\_\_\_ Pre-School\_\_\_ Elementary\_\_\_ Middle School\_\_\_

Do you like to cook?\_\_\_\_\_ Willing to prepare meals for the family? \_\_\_\_\_

What are your long-term goals/dreams?\_\_\_\_\_

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Describe your family background. (parents,siblings,birthplace, etc.)

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