

# Nanny Know How Nanny Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone # : \_\_\_\_\_ Cell # : \_\_\_\_\_

Email Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Years at Previous Address: \_\_\_\_\_

### Position Desired

1. <u>Childcare:</u>	Nanny	Baby Nurse	Mother's Helper
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2. <u>Household Management:</u>	House Manager	Housekeeper
	Chef/Cook	Butler

3. Professional Assistant:                      Personal Assistant                      Financial Assistant

4. Availability:

Live-In	Live-Out	
Full Time	Part Time	
Weekends	Overnights	Holidays
Mornings	Afternoons	Evenings

5. What level of flexibility would you say you possess?

None                  Infrequent                  Moderate                  Extreme

6. How much notice would you require in changes with your schedule?

7. Hours Available: Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_

Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

8. Date Available for Employment:\_\_\_\_\_

General medications taken on a regular basis: Yes\_\_\_\_\_ No\_\_\_\_\_

• If yes, please explain:

Check additional responsibilities you would be willing to perform:

Cooking\_\_\_\_\_ Light Housekeeping\_\_\_\_\_ Heavy Housekeeping\_\_\_\_\_

Shopping\_\_\_\_\_

Minimum salary you will accept: Hourly\_\_\_\_\_

Monthly\_\_\_\_\_

Do you drive: Yes\_\_\_\_\_ No\_\_\_\_\_ Drivers License #:\_\_\_\_\_

State:\_\_\_\_\_

Limits as to how far you will drive to a job:

\_\_\_\_\_

Highest level of education

completed:\_\_\_\_\_

List courses you have taken that are relevant to the childcare field: (Child Development, Psychology, Nutrition, Health, CPR, First Aid, Family Relations, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **EXPERIENCE**

In order to determine family /Nanny compatibility, please check all statements that are relevant to you, please provide accurate information where appropriate:

• \_\_\_\_\_ Infant Experience

Explain:

• \_\_\_\_\_ Toddler Experience

Explain:

• \_\_\_\_\_ Pre-School Experience

Explain:

- \_\_\_\_\_ School Age Experience

Explain: \_\_\_\_\_

- \_\_\_\_\_ Housekeeping Experience

Explain: \_\_\_\_\_

- \_\_\_\_\_ Cooking Experience

## PLACEMENT INFORMATION

1. Desired Benefits: \_\_\_\_\_ Health Insurance  
 \_\_\_\_\_ Paid Sick/ Personal Days  
 \_\_\_\_\_ Paid Holidays  
 \_\_\_\_\_ 401K/Retirement Contributions  
 \_\_\_\_\_ Reimbursement for Car Mileage  
 \_\_\_\_\_ Car Provided for Work  
 \_\_\_\_\_ Car Provided for Personal Use  
 \_\_\_\_\_ Other \_\_\_\_\_

### 2. Skills:

A. Childcare:                      None      Light      Moderate      Extensive

Favorite Children Ages: \_\_\_\_\_

How many children are you comfortable working with? \_\_\_\_\_

What types of Activities do you like to do with children?

\_\_\_\_\_

\_\_\_\_\_

Newborn Experience (Birth to 1 year)                      YES      NO

Multiple Experience (Twins, triplets, etc)                      YES      NO

Carpooling: NEVER      SOMETIMES      DAILY

Are you comfortable driving children to and from Activities? YES      NO

Swimming: Afraid of Water      Willing to Learn      OK      Good      Excellent

CPR Certificate:

Is your certification current?      YES      NO

Date of Expiration? \_\_\_\_\_

First Aid:

Is your certification current?      YES      NO

Date of Expiration? \_\_\_\_\_

## WORK HISTORY

List all work experience, starting with your most recent employment, for the past 10 years.

Include part-time employment, if you need more space, use additional paper.

1.

Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities:

2.

Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities:

3.

Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities:

4.

Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities:

5.

Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities:

6.

Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Responsibilities:

### REFERENCE INFORMATION

Please list the name, telephone number and the type of relationship you have with each reference listed below. You must have 5 references, none of which are family related.

??Childcare References

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

??Personal Reference

1. \_\_\_\_\_  
\_\_\_\_\_

I give Nanny Know How permission to do a background check on me \_\_\_\_\_ yes \_\_\_\_\_ no.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Nanny Know How affirms the right of all individuals to equal opportunity in employment without regard to race, color, religion, national origin, sex, age marital status or any other extraneous considerations not directly or substantially related to effective performance.

I certify that the information given herein is true and complete to the best of my knowledge.

\*I understand that not all of the questions on this **application** have to be answered and that Nanny Know How will not discriminate against me for not answering them.

Signature \_\_\_\_\_ Date \_\_\_\_\_