



# Nannies and Grannies Exclusively, Inc.

## NANNY APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of children \_\_\_\_\_ Ages \_\_\_\_\_

Permanent address \_\_\_\_\_ Birthdate (M/D/Y) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? \_\_\_\_\_ Place of birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

Position commitment: 1 year \_\_\_\_\_ 2 years \_\_\_\_\_ As long as needed \_\_\_\_\_

Date available \_\_\_\_\_ Have you ever worked with children with disabilities? \_\_\_\_\_

Salary desired \_\_\_\_\_ Preferred age group \_\_\_\_\_

Number of children preferred \_\_\_\_\_ Pets OK? \_\_\_\_\_

Are you willing to do: (check which apply)

\_\_\_ Light housekeeping      \_\_\_ Cooking      \_\_\_ Children's laundry

\_\_\_ Children's transport      \_\_\_ Travel with family

Do you drive? \_\_\_ Own a car? \_\_\_\_\_ No. of years driving? \_\_\_\_\_ Daily access to car? \_\_\_\_\_

Driver's license # \_\_\_\_\_ State issued \_\_\_\_\_ Expiration date \_\_\_\_\_

Clean driving record? Y \_\_\_ N \_\_\_ If no, explain \_\_\_\_\_

Make and year of car owned \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

### Location Preferred, please check all that apply

#### Pittsburgh

- \_\_\_ North Hills
- \_\_\_ South Hills
- \_\_\_ Fox Chapel area
- \_\_\_ Sq Hill/Shadyside/Oakland
- \_\_\_ Pt. Breeze/Regent Square
- \_\_\_ East Hills/Monroeville
- \_\_\_ Penn Hills/Churchill
- \_\_\_ West Hills/Airport/Moon
- \_\_\_ East Side

#### Cleveland

(Please list areas)

\_\_\_ West Side

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Do you have criminal clearances?      Yes \_\_\_      No \_\_\_      Date \_\_\_\_\_  
Copy of driving record?      Yes \_\_\_      No \_\_\_      Date \_\_\_\_\_  
Copy attached?    Yes \_\_\_    No \_\_\_    Passport # \_\_\_\_\_    Exp date \_\_\_\_\_

### **Child Care Experience**

**(Please attach letters of recommendation to this application)**

Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Business phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Full or Part time? \_\_\_\_\_ Hrs/week? \_\_\_\_\_ Date employed: From \_\_\_\_\_ To \_\_\_\_\_  
Live in or out? \_\_\_\_\_ Salary or hourly wage \_\_\_\_\_ No. of children \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Please give detailed explanation of your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Business phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Full or Part time? \_\_\_\_\_ Hrs/week? \_\_\_\_\_ Date employed: From \_\_\_\_\_ To \_\_\_\_\_  
Live in or out? \_\_\_\_\_ Salary or hourly wage \_\_\_\_\_ No. of children \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Please give detailed explanation of your duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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#### Other Work Experience

Place of business \_\_\_\_\_ Phone \_\_\_\_\_

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

Supervisor \_\_\_\_\_ Position held \_\_\_\_\_

Salary or hourly wage \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Place of business \_\_\_\_\_ Phone \_\_\_\_\_

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

Supervisor \_\_\_\_\_ Position held \_\_\_\_\_

Salary or hourly wage \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

#### Education

High school \_\_\_\_\_ Date graduated \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_

Degree \_\_\_\_\_ Date of graduation \_\_\_\_\_

Other \_\_\_\_\_

Do you have CPR training? \_\_\_\_\_ Certification? \_\_\_\_\_

Do you have any First Aid training? \_\_\_\_\_ Certification? \_\_\_\_\_

Can you swim? \_\_\_\_\_ Explain ability \_\_\_\_\_

**Interviewer remarks:**

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### **Additional Background Information**

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have you ever had any traffic accidents or license suspensions? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Have any children in your care ever been involved in an accident or required hospital attention for an emergency? \_\_\_\_\_ If yes, please explain in detail \_\_\_\_\_

Number of siblings in your family \_\_\_\_\_ Your birthplace in family \_\_\_\_\_

Are your parents: \_\_\_ Married \_\_\_ Divorced \_\_\_ Deceased

Were there any family members with the following problems?

\_\_\_ Alcoholism \_\_\_ Drug addiction \_\_\_ Child abuse

Do you remain in a close relationship with your family? \_\_\_\_\_

Why did you select nanny work as your career? \_\_\_\_\_

Do you have any plans to leave the nanny field at any point? \_\_\_\_\_

What are your future goals? \_\_\_\_\_

Do you have any hesitations about accepting a position? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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### Medical Information

Do you have any physical, dietary or emotional limitations that may affect your work? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any surgery or major illness (physical or emotional) in the last 3 years? \_\_\_\_\_

If requested, can you supply a doctor's statement of good health? \_\_\_\_\_ Do you wear glasses? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ If yes, amount (packs/day, week) \_\_\_\_\_

Would you be willing to quit or limit smoking to outside of employer's residence if requested? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ If yes, amount (drinks/day, week) \_\_\_\_\_

Are you currently taking any prescribed medication? \_\_\_\_\_

Have you:

\_\_\_ Consulted a doctor or other health care provider (psychologist, psychiatrist, chiropractor, etc.) within the past 36 months?

\_\_\_ Been under observation or treatment in a hospital or other health facility within the past 5 years?

\_\_\_ Had a physical exam, TB test, or chest x-ray within the last 3 years? If yes, please explain with dates and results:  
\_\_\_\_\_

\_\_\_ Been advised to change occupation or residence because of health?

\_\_\_ Been diagnosed with AIDS/HIV positive or other communicable diseases?

\_\_\_ Been convicted of, received medical treatment for, or been counseled for alcohol and/or drug abuse or addictions?

Are you pregnant now, or do you suspect you may be at this time? \_\_\_\_\_

Do you now have, or been told you have any of the following? (Check all that apply)

\_\_\_ Frequent headaches, fainting, dizziness

\_\_\_ Epilepsy or convulsions

\_\_\_ Asthma, allergies, wheezing, emphysema

\_\_\_ Cancer or tumors

\_\_\_ Nervous or emotional disorders

\_\_\_ Injury to back, neck, spine or discs

\_\_\_ Diabetes or kidney/bladder disorders

\_\_\_ Disorders of stomach, intestines or gall bladder

\_\_\_ Sight, speech or hearing problems

\_\_\_ Tuberculosis

\_\_\_ Rheumatic fever or arthritis

\_\_\_ Eating disorders

\_\_\_ Menstrual problems

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

Physician's name \_\_\_\_\_ Address \_\_\_\_\_

***I understand that the nanny position I am applying for requires that I be in good physical and mental health. I declare that all statements and answers here provided are true and complete to the best of my knowledge. I understand that any omissions or misrepresentations may be sufficient cause for my immediate termination of employment by my host family. I authorize my physician to release all information regarding my physical and emotional history.***

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

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### **Nanny Placement Agreement**

#### ***Please Read and Sign***

I understand that the nanny position I am applying for requires a minimum commitment of one year and I agree to fulfill that commitment with the family I have chosen. I understand this is solely an agreement between myself and the family and does not include Nannies and Grannies Exclusively, Inc.

If I am unable to start my new job and my prospective employer has purchased and sent an airline ticket to me, or has prepaid my auto mileage, I agree to return the ticket or mileage monies, and to do so within one week of notification of non-acceptance.

I agree that I will not start employment until Nannies and Grannies Exclusively, Inc. has received payment in full from my new employer and has authorized me to begin work. If I do start employment without authorization, I may be asked to terminate employment immediately and agree to do so if requested by Nannies and Grannies Exclusively, Inc.

I understand that Nannies and Grannies Exclusively, Inc., exercises its best efforts in referring suitable families to me for my selection. As such, I release Nannies and Grannies Exclusively, Inc., from any legal or financial responsibility or liability for the actions of myself or my employer, whether careless, deliberate or negligent.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

***I certify that the facts in my application are true and complete to the best of my knowledge. I authorize Nannies and Grannies Exclusively, Inc., to check my statements and references and release this information to prospective employers.***

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_