



Nannies and Grannies Exclusively, Inc.

PET OWNER APPLICATION

General Location Pittsburgh Cleveland

Husband's name _____ Wife's name _____

Profession of husband _____ Profession of wife _____

Address _____

Phone (home) _____ (business) _____ (cell) _____

Business address _____

<i>Pet's name</i>	<i>Species</i>	<i>Age</i>	<i>Sex</i>	<i>Routine duties for nanny*</i>	<i>Special needs? Medications?</i>

**such as toileting/cleanup; feeding; grooming; walking/exercising; etc.*

Briefly describe the pet nanny's duties. Be specific as to time of day, duration of each stay and so on.

Desired start date _____ Desired end date _____ Or ongoing? _____

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Describe the activity level of the family _____

Please describe the personalities of the family members (use separate sheet for additional family members)

Father _____

Mother _____

Child #1 _____

Child #2 _____

Child #3 _____

The Nanny or Granny

Responsibilities of Nanny _____

Live out? _____ Live in? _____ If live-in, please describe quarters:

Separate from family quarters? _____ Private bathroom? _____ TV? _____ Kitchen? _____

Phone? _____ Entrance? _____ Explain live-in rules _____

Actual hours Nanny will work _____

Starting salary per week (or hour) _____ Do you smoke? _____

Will you pay medical benefits? _____ How much vacation will Nanny have? _____

Will the Nanny need to drive? _____ Do you have a car for Nanny's use? _____

In what kind of situations will the Nanny provide transportation? (Pre-school, extracurricular activities, pediatrician, etc.) _____

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More on Nanny Preferences

Age range _____ Religious or ethnic background _____

Physical stature _____ Other _____

Best time for you to interview prospective Nanny? _____

How did you hear about *Nannies and Grannies Exclusively*? _____

For Nanny or Granny to know

Type of discipline used in the home _____

Do children have any special dietary needs? _____ Describe _____

How do you feel about TV, reading, or other stimulation in regard to your child/children? _____

Please describe your current childcare situation _____

Specific directions to your home _____

Applicant signature _____ Date _____

Date of job order _____

Interview date(s) _____

Date filled _____

Please send this application along with the non-refundable \$100 application fee to
Nannies and Grannies Exclusively, Inc.
400 McKnight Park Drive, Suite 401
Pittsburgh, PA 15237

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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 _____

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