



Nannies and Grannies Exclusively, Inc.

PET NANNY APPLICATION

Date _____

Name _____ Home Phone _____

Social Security Number _____ Work Phone _____

Permanent address _____ Birthdate (M/D/Y) _____

City _____ Zip _____

How long at this address? _____ Place of birth _____

Date available _____

Salary desired _____ Preferred type(s) of pet _____

Are you willing to do: (check which apply)

Feeding Grooming Toileting /cleanup as required

Giving medication Walking or other appropriate exercise "Playing" as appropriate

Do you drive? Own a car? Can you come at the same time each day if requested?

Do you have any medical condition that could limit your ability to care for a pet? _____

If so, please explain _____

Please describe your qualifications; education, training, background in handling of animals _____

Location Preferred, please check all that apply

Pittsburgh

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

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 _____