



Name _____

Birthday _____

SSN _____ Driver's License # _____

Address _____

City _____ State _____ Zip Code _____

How long have you lived at this address? _____

Previous address _____

Have you ever lived in another state? ___No ___Yes

If yes, please list the state(s) and address or addresses _____

Phone numbers you can be reached at C _____ H _____ W _____

Available start date _____

Current Employer _____ May we contact _____ # _____

Length of time employed there _____ Please list responsibilities

Pay rate at start _____ Current _____ Reason for leaving

List make,model,and year of Vehicle _____

Are you insured _____ When did you get your license _____

Have you had any tickets or accidents ____No ____Yes, If yes please explain

Education: High School _____

Did you graduate? _____ When _____

College _____

Last year completed _____ Did you graduate _____

Degrees or certifications _____

Are you trained in CPR _____ first aid _____ If yes, when and where did you get

Trained and is it current _____

If no, are you willing to be trained _____

Employment History other than Child Care related:

Employer _____ Dates employed _____

Phone _____ Address _____

Salary _____ Duties _____

Reason for leaving _____

May we contact _____

Employer _____ Dates employed _____

Phone _____ Address _____

Salary _____ Duties _____

Reason for leaving _____

If you are placed with a family which of the following are you willing to do?

Light housework _____ Children's laundry _____ Grocery shopping _____

Meal preparation _____ Driving _____ If yes, do you own a reliable car _____

Do you drink alcohol? _____ How often _____

Do you smoke? _____ How often _____

Do you take the following:

Non-prescription drugs _____

Prescription drugs _____

If so what kind and why? _____

Have you been treated for alcohol or drug dependency? _____

Do you have any limited impairments that would affect your job? _____

Do you have any emotional problems? _____

List hobbies and interests: _____

Do you have any religious practices that are important to you? _____
How many hrs. of t.v. a week do you watch? _____ What type of
programs? _____
What do you like most about yourself? _____
What would you change about yourself if you could? _____
Describe your
personality: _____
How do you react to personal problems? _____
Who do you live with? _____ And for how long? _____
Describe your immediate family (parents and siblings ect...) _____

What ages of kids do you have the most experience with? _____
What age or ages do you prefer? _____
What is your greatest strength when working with children? _____

What do you think would be the hardest part about being a nanny? _____

Why do you want to work with children? _____
How do you see your relationship with the family you may nanny for being?

What do you feel is important to make it work? _____

How do you feel about housework being apart of your job? _____

Describe a typical day with your favorite aged child? _____

How long do you see yourself doing this? _____

How long have you considered doing this? _____

How did you hear about our company? _____

Is there anyone you would like to refer to us as a nanny or family? _____

I HAVE REVIEWED MY ABOVE INFORMATION & I CERTIFY ALL TO BE TRUE
AND ACCURATE & I GIVE PERMISSION TO C.I.N. TO CONTACT ALL LISTED
ABOVE.

SIGN _____ DATE _____

List three References of people or places you in which you have cared for children for/excluding relatives!

1.Name _____
2.Phone _____
3.Address _____

4..Best time to call _____
5.# of children you cared for ____ ages _____
6.Aprox. dates worked _____
7.Salary _____
8.Duties _____
9.Reason for leaving? _____

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6.Aprox.dates worked _____
7.Salary _____
8.Duties _____
9.Reason for leaving? _____

List three Character References excluding Family:

1.Name _____
2.Full Address _____
3.Phone _____ Best time to call _____
4.How do you know them _____

- 1.Name _____
- 2.Full Address _____
- 3.Phone _____ Best time to call _____
- 4.How do you know them _____

- 1.Name _____
- 2.Full Address _____
- 3.Phone _____ Best time to call _____
- 4.How do you know them? _____

Are there any other reasons why you feel you qualify to be an exceptional Nanny?
