



# Nanny Employment Application

**Personal Information (please print)**

Last Name	First Name	Middle Initial	Date

Street Address	City	State	Zip

Social Security Number	Day Telephone	Evening Telephone	Fax Number
	( )	( )	( )

Available starting date	Hours available to work	Days available to work	Desired salary range

At least 18 yrs of age?	Do you smoke?	If no, do you object to smoking?	Are you legally eligible to work in the U.S.?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have a valid driver's license?	List state and license number	Marital Status
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever had a moving or driving related violation or traffic accident (include tickets)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, list specifics.	

Have you ever been arrested or convicted of a felony and/or a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain.	

Have you ever been the subject of a complaint of child or sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain.	

Certified in First Aid*?	Certified in CPR*?	Certified in lifesaving?	Do you swim?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you willing to become certified in these programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If no, please list which programs you are NOT willing to become certified in.	

\*If applicant needs physical examination, drug test, TB test, HIV test, CPR or 1<sup>st</sup> Aid Training, the applicant must pay for them. Valid copies must be submitted to Nannies By Jeanette where necessary. Nannies By Jeanette covers the cost for background checks ONLY.

Are you comfortable caring for children when they are mildly ill?	Do you need health insurance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any pets you would NOT be comfortable being around/living with.

**For Live-in Applicants Only**

Have you ever lived away from home before?	If yes, how far away (in hours or miles), for how long and when?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been responsible for the payment of your own living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever had a checking account?	Do you have cooking skills?	Do you do your own laundry?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you plan on bringing a vehicle?	If yes, please list year, make, and model.
<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Medical Information

Do you have any medical conditions that could affect your ability to care for children?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain.								
For each of the following, please indicate if you are willing to submit to:								
Physical Examination			Drug Screening		T.B. Test		HIV Test	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No
Have you been immunized against common childhood diseases?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, which ones have you NOT been immunized against?								
Do you have any diet restrictions?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.								
Do you have any current or history of emotional health problems?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.								
Have you ever been referred to an alcohol or drug rehabilitation or mental institution?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.								

## Educational Background

Do you have a high school diploma?		Please list name of high school.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Please list name of college (if attended).		Dates attended	Major
Degree/Certificate Received		School Phone Number	
Please list any other special training you would like us to be aware of.			

## Employment History

Current Employer (if a company, full company name)		Supervisor's Name (if different)/Phone Number		
Employer's full mailing address		City	State	Zip
Employer's Phone Number	Position you held	Employed since	Ending salary	
Reason for leaving			May we contact?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**List ALL CHILDCARE References for the Past FIVE Years**

Company/Family Name		Date Employed From	To	
Employer's full mailing address		City	State	Zip
Employer's Phone Number	Position you held	Ending Salary	May we contact?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason for leaving				
Describe your responsibilities in detail.				
Company/Family Name		Date Employed From	To	
Employer's full mailing address		City	State	Zip
Employer's Phone Number	Position you held	Ending Salary	May we contact?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason for leaving				
Describe your responsibilities in detail.				
Company/Family Name		Date Employed From	To	
Employer's full mailing address		City	State	Zip
Employer's Phone Number	Position you held	Ending Salary	May we contact?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason for leaving				
Describe your responsibilities in detail.				
Company/Family Name		Date Employed From	To	
Employer's full mailing address		City	State	Zip
Employer's Phone Number	Position you held	Ending Salary	May we contact?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason for leaving				
Describe your responsibilities in detail.				

**Personal, Character or Professional References**

**Personal, Character or Professional Reference 1**

Name	Relationship
Phone Number	Length of time known

**Personal, Character or Professional Reference 2**

Name	Relationship
Phone Number	Length of time known

**Personal, Character or Professional Reference 3**

Name	Relationship
Phone Number	Length of time known

**Childcare Background Information**

Ages of the children you have cared for.		Please list the ages you have the most and least experience with.	
Youngest	Oldest	Most	Least
Age you started caring for children		Did you care for siblings?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had experience working with special needs children?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.			
Have you had to handle an emergency of any kind?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.			

I certify that I have answered all the questions on this application accurately and to the best of my knowledge. I have not withheld any information which would cause the information given above to be misleading. In the event of my employment as a result, in full or in part, from the information contained on this application, I understand that any inaccurate or misleading information is grounds for immediate termination of employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Thank you for completing the Nannies By Jeanette Employment Application.  
Please return to 2450 W. Meyering Rd., Marion, MI 49665.