

Nanny Name: _____
Available Start: _____



About You:

Name: _____ Cell: _____ Date of Birth: _____ E-mail: _____

Home Address: _____ City: _____ State: _____ Zip: _____

CPR Certified: YES exp: _____ NO* **Are you legally able to work in the United States:** YES NO

Do you have a valid driver's license: YES NO **Do you have a reliable car:** YES NO

Can you swim: YES NO **Work with Pets:** Dogs Cats Birds Small Animals NONE

Education/Qualifications: High-School Graduate College Graduate Associates Degree _____

Masters _____ Teaching Credential Newborn Care Specialist Other: _____

Why do you like this type of work: _____

Describe yourself in 5 words: _____

Are you physically & emotionally able to perform the functions of a nanny: YES NO

Describe any limitations: _____

List any talents/special interests: _____

List all languages that you speak/read/write: _____

About Your Childcare Preferences:

Please check the types of positions you are looking for:

Full-Time Part-Time Live-in Less than 1 year (*temporary*) 1 year+ (*permanent*) As-needed

Mother's Helper School year only Evenings only Weekends only Summers only

Please check the child-related tasks & duties you are willing to perform:

Laundry Cooking Tidying Driving Errands Grocery Shopping

Please check days and list times that you are available:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Sat _____ Sun _____ Overnights

Hourly rate desired: \$ _____ **Available Start Date:** _____

Preferred age of children: up to 12 months 1-3 years 4-6 years 7-12 years 13 years+

Please check any/all **Multiples** experience that you have:

Twins Triplets Quartets Quintuplets Other: _____

Please check any/all **Special Needs** experience that you have:

ADD/ADHD Autism Downs Syndrome Cerebral Palsy Diabetes Food Allergies

Asthma Learning Disabilities Physical Impairment Hearing Impairment Other: _____

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About Your Childcare Experience:

Years of paid nanny experience: _____ **Age groups worked with:** _____ **# of families worked for:** _____

Summarize your nanny experience in the space below:

Former Employer Name: _____ **Phone:** _____ **Email:** _____

Start Date: _____ **End Date:** _____ **# of Children:** _____ **Age(s) of Children:** _____

Responsibilities: _____

Likes & Dislikes about Position: _____

Ending Hourly Rate: \$ _____ **Reason for leaving:** _____

May we contact them for a reference: YES NO

Former Employer Name: _____ **Phone:** _____ **Email:** _____

Start Date: _____ **End Date:** _____ **# of Children:** _____ **Age(s) of Children:** _____

Responsibilities: _____

Likes & Dislikes about Position: _____

Ending Hourly Rate: \$ _____ **Reason for leaving:** _____

May we contact them for a reference: YES NO

Former Employer Name: _____ **Phone:** _____ **Email:** _____

Start Date: _____ **End Date:** _____ **# of Children:** _____ **Age(s) of Children:** _____

Responsibilities: _____

Likes & Dislikes about Position: _____

Ending Hourly Rate: \$ _____ **Reason for leaving:** _____

May we contact them for a reference: YES NO

Please provide any additional information that you would like us to know:

**you must be CPR certified in order to start a nanny position with our agency*