



Nannies By Jeanette

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, do you object to smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		List state and license number			Marital Status		
Have you ever had a moving or driving related violation or traffic accident (include tickets)?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
If yes, please explain.							
Have you ever been the subject of a substantiated complaint of child or sexual abuse?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain.							
Certified in First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certified in CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certified in lifesaving? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you swim? <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	
If no, please list which programs you are NOT willing to become certified in.							
Are you comfortable caring for children when they are mildly ill? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you need health insurance? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how far away (in hours or miles), for how long and when?					
Have you ever been responsible for the payment of your own living expenses?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever had a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have cooking skills? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you do your own laundry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you plan on bringing a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please list year, make, and model.			

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 recommended 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.