



Nanny Application

Full Name _____

Current Address _____
Mailing Address _____

City _____ State _____ Zip _____

Telephone Number (____) _____

Date of Birth _____ Age _____

Emergency Contact:

Name _____ Phone number _____

Address _____

Geographic areas preferred: 1. _____
2. _____
3. _____

Requested hourly Salary: _____

Days and hours available:

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Would you work in a home with pets? Yes No

Are you willing to do housework for extra money? Yes No

Are you willing to prepare meals? Yes No

Have you ever had experience working with handicapped/special needs children? Yes No

If yes, please explain: _____

Are you certified in CPR? Yes No

Are you certified in first-aid? Yes No

Can you swim? Yes No

Are you certified in lifesaving? Yes No



Do you drive? Yes No

Driver's license number _____

State _____

Do you have your own vehicle? Yes No

If yes, make/model _____

Have you ever been arrested? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

REFERENCES

CHILD CARE REFERENCES

To be filled out by agency

NAME	PHONE

OPTIONAL PERSONAL INFORMATION

Height _____ Weight _____ Hair color _____ Eye color _____

Ethnic origin _____ Religious affiliation _____

HEALTH INFORMATION

Do you smoke? Yes No If yes, how much? _____

Are you currently taking any medications? Yes No

If yes, please explain _____

Do you currently have health insurance? Yes No

If yes, name of insurance company _____

Please check if you have ever had any of the following:

- Allergies Asthma Anorexia or bulimia
- AIDS High blood pressure Epilepsy
- Hernia Fainting or dizziness Emotional problems
- Convulsions Menstrual problems Diabetes
- Heart disease Sexually Transmitted Disease

