

Name			_	
Birthday			_	
SSN	Driver's License	#	_	
Address			_	
City	State	Zip Code _		
How long have yo	u lived at this address?		_	
Previous address _			_	
Have you ever liv	ed in another state?N	oYes		
If yes, please list the	he state(s) and address or	addresses		
Phone numbers yo	u can be reached at C	Н	W	
Available start dat	e		_	
Current Employer	Λ	Nay we contact	#	

Length of time emplo	yed there	Please list responsibilities	
Pay rate at start		Reason for leaving	
Are you insured	When did you g	get your license	
		NoYes, If yes please explain	
Did you graduate?			
College			
Last year completed _	Did you g	graduate	
Degrees or certification	ons		
Are you trained in CP	PR first aid	d If yes, when and where did	l you get
Trained and is it curre	ent		_
If no, are you willing	to be trained		-
Employment History	other than Child Ca	are related:	
Employer	Da	ates employed	

Phone	Address
Salary	Duties
Reason for leaving	5
May we contact	
Employer	Dates employed
Phone	_ Address
Salary	_ Duties
Reason for leaving	5
If you are placed w	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 one a reliable car
Do you drink alcol	nol? How often
Do you smoke?	How often
Do you take the fo Non-prescription d Prescription drugs If so what kind and	lrugs
Have you been trea Do you have any li	ated for alcohol or drug dependency?imited impairments that would affect your job?
Do you have any e List hobbies and in	motional problems?

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? Describe your immediate family(parents and siblings ect)
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 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?
is there anyone you would like to refer to us us a naminy 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.
CICN
SIGNDATE

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? 1.Name ____ 2.Phone_____ 3.Address _____ 4.Best time to call 5.#of children you cared for ____ages_____ 6.Apro.dates worked_____ 7.Salary_____ 8.Duties _____ 9.Reason for leaving 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?_____ 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?	
	<u> </u>
Are there any other reasons why you feel	you qualify to be an exceptional Nanny?