



Since 1991 Care Givers Placement Agency, Inc. has been helping nannies throughout the Portland and Vancouver metro areas find excellent nanny positions. We are looking for the highest quality childcare providers to assist our client families.

After you have completed this application in it's entirely, please call our office at 503-244-6370 to schedule an interview appointment. When you come for your interview appointment please bring:

- (1) this application**
- (2) proof of your car's insurance**
- (3) a resume detailing your childcare experience**
- (4) any reference letters that you have**
- (5) your infant/child CPR card, if current**
- (6) evidence of your employment eligibility so that you can complete an I-9 form
(US Passport, picture ID *plus* birth certificate or social security card, permanent resident card, etc.)**

If your application is accepted by our Agency, you will be joining the largest and best Nanny Agency in Portland. We are excited about the possibility of being able to help you!

Care Givers Placement Agency, Inc.
10211 SW Barbur Blvd., Suite #110A, Portland, Oregon 97219
(503) 244-6370 FAX (503) 244-6856 info@cgpa.com
www.cgpa.com

PERSONAL INFORMATION – PLEASE PRINT				
First Name	Middle Name	Last Name	Home Phone	
			Cell Phone	
			Email	
Other Names Used				
Street Address	Apt. #	City	State	Zip
Social Security Number _____ / _____ / _____		Birthdate _____ / _____ / _____		

How did you learn about Care Givers Placement Agency?

Are you registered with any other Nanny Agencies? yes no Are you actively working with them? yes no
 Which Agency? _____

NOTICE: PLEASE READ AND SIGN

This application form is intended for use in evaluating your suitability to be referred by our agency to available positions. It is not an employment application or contract. I certify that the information provided by me in this application (and accompanying resume, if any) is true and complete to the best of my knowledge and belief. I authorize Care Givers Placement Agency, Inc. or its representatives to investigate all statements contained in this application. I understand that any false information, omissions or misrepresentations of facts may result in rejection of my application. I authorize any person, school, current employer (unless otherwise noted in this application form), past employer(s), and organizations named in this application form (and accompanying resume, if any) and any other person or entity with knowledge of me to provide Care Givers Placement Agency, Inc. with any information and opinion which Care Givers regards as useful to it in making a referral decision. I release such persons and organizations from any legal liability in making such statements, or furnishing any and all information that the Agency may seek. I understand that I will not have access to the confidential information received however, according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a Consumer Reporting Agency. I agree to relieve Care Givers Placement Agency, Inc. of any liability or consequences that might result from obtaining said information from others.

 Signature _____
 Date

What type of work arrangement are you looking for?	
<input type="checkbox"/> Full-time (more than 35 hrs/wk)	<input type="checkbox"/> Part-time (35 hrs/wk or less) <input type="checkbox"/> Summer _____
<input type="checkbox"/> Permanent Employment(one year or longer)	<input type="checkbox"/> Temporary Employment (less than one year)
What is your gross salary requirement? Monthly _____	Hourly _____

OFFICE USE ONLY:				
Orientation: _____ / _____	_____ :	Questionnaire _____	Manual _____	Picture _____

CHILDCARE HISTORY FOR LAST SEVEN YEARS

INCLUDE NANNY POSITIONS, BABYSITTING JOBS, DAY CARES, CHILD-RELATED VOLUNTEER WORK, ETC.
Information must be complete. If listing ages of children that you cared for in a private home, please list the ages that they were when you *started* working for the family. Do not list work with relatives or very casual babysitting experiences.

DATES	NAME OF EMPLOYER	PHONE NUMBER(S)	ADDRESS	AGES OF CHILDREN
____/____ to ____/____		Home Cell		
<input type="checkbox"/> nanny position <input type="checkbox"/> babysitting <input type="checkbox"/> daycare <input type="checkbox"/> other: _____ describe duties: reason for leaving:				
Office Use Only: M_____ F_____ P_____ R_____ Reference Letter _____				
____/____ to ____/____		Home Cell		
<input type="checkbox"/> nanny position <input type="checkbox"/> babysitting <input type="checkbox"/> daycare <input type="checkbox"/> other: _____ describe duties: reason for leaving:				
Office Use Only: M_____ F_____ P_____ R_____ Reference Letter _____				
____/____ to ____/____		Home Cell		
<input type="checkbox"/> nanny position <input type="checkbox"/> babysitting <input type="checkbox"/> daycare <input type="checkbox"/> other: _____ describe duties: reason for leaving:				
Office Use Only: M_____ F_____ P_____ R_____ Reference Letter _____				

YOUR CHILD CARE HISTORY, CON'T.

DATES	NAME OF EMPLOYER	PHONE NUMBER	ADDRESS	AGES OF CHILDREN
____/____ to ____/____		Home Cell		
<input type="checkbox"/> nanny position <input type="checkbox"/> babysitting <input type="checkbox"/> daycare <input type="checkbox"/> other: _____ describe duties: reason for leaving:				
Office Use Only: M____ F____ P____ R____ Reference Letter _____				
____/____ to ____/____		Home Cell		
<input type="checkbox"/> nanny position <input type="checkbox"/> babysitting <input type="checkbox"/> daycare <input type="checkbox"/> other: _____ describe duties: reason for leaving:				
Office Use Only: M____ F____ P____ R____ Reference Letter _____				
____/____ to ____/____		Home Cell		
<input type="checkbox"/> nanny position <input type="checkbox"/> babysitting <input type="checkbox"/> daycare <input type="checkbox"/> other: _____ describe duties: reason for leaving:				
Office Use Only: M____ F____ P____ R____ Reference Letter _____				

YOUR WORK EXPERIENCE FOR LAST SEVEN YEARS

LIST YOUR LAST FULL-TIME AND/OR PART-TIME JOBS THAT WERE *NOT* CHILDCARE RELATED

DATES	COMPANY NAME	PHONE NUMBER	SUPERVISOR'S NAME	RESPONSIBILITIES
____/____ to ____/____				
M ____ F ____ P ____ R ____ Reference Letter _____				
____/____ to ____/____				
M ____ F ____ P ____ R ____ Reference Letter _____				
____/____ to ____/____				
M ____ F ____ P ____ R ____ Reference Letter _____				
____/____ to ____/____				
M ____ F ____ P ____ R ____ Reference Letter _____				

Explain any gaps in employment which were longer than 3 months:

Dates: _____ Reason: _____

Dates: _____ Reason: _____

Dates: _____ Reason: _____

How many days were you sick last year? _____
How many days of work did you miss last year due to illness? _____

Please add any job related comments or information you feel might be helpful:

CHARACTER REFERENCES

PLEASE PROVIDE NAMES AND ADDRESSES OF 3 PEOPLE NOT PREVIOUSLY LISTED WHO YOU HAVE KNOWN FOR AT LEAST 5 YEARS (I.E. LONG-TERM FAMILY FRIENDS, CO-WORKERS, ETC.). *DO NOT LIST RELATIVES, SIGNIFICANT OTHERS OR THEIR RELATIVES.*

NAME	ADDRESS (MUST BE COMPLETE)	TELEPHONE	RELATIONSHIP

TELL US ABOUT YOURSELF:

In addition to English, what other languages do you speak fluently? _____

Why do you want to be a Nanny? _____

What do you see yourself doing two years from now? _____

EDUCATION			
NAME OF SCHOOL	LOCATION	MAJOR EMPHASIS OR DEGREE ACHIEVED	GRADUATE? YES or NO
High School:			
College:			
Other:			
Other:			

TELL US MORE ABOUT YOURSELF:

Are you attending school now? _____ Where? _____ Part-time or Full-time? _____

For what? _____

How will your plans change in the next year? _____

Please describe any classes/workshops you have taken relating to child care _____

What is the date of your last infant and child CPR class? ____/____/____ First Aid? ____/____/____

Describe your experience with special needs children _____

What have you done (classes taken, books read, etc.) in the last 12 months to increase your knowledge of children's developmental needs? _____

PLEASE ANSWER :

Do you smoke? _____ Would you be willing to work in a non-smoking environment? _____

Would you be willing to work in a smoking environment? _____

Do you swim? _____ Would you take a position where you have to be responsible for children in a pool? _____

Are you allergic to anything? _____

Have you ever been convicted of a crime? _____ If yes, explain: _____

Would you be willing to complete psychological screening questionnaires if requested by a parent as part of the application process? _____ Medical exam? _____ Drug screening? _____

CGPA is only able to place candidates with legal work authorization in the U.S. Are you legally able to accept work in the United States? _____yes _____no

What days/times are you available to work?

_____ Sunday from _____ am to _____ pm

What date are you available to start work? ____/____/____

_____ Monday from _____ am to _____ pm

Is there a date you wish to finish work? ____/____/____

_____ Tuesday from _____ am to _____ pm

_____ Wednesday from _____ am to _____ pm

_____ Thursday from _____ am to _____ pm

_____ Friday from _____ am to _____ pm

_____ Saturday from _____ am to _____ pm

Please discuss how you would handle the following situations. Your answers should contain detail about your knowledge of child development, child psychology and your own methods.

YOUR NAME _____

IN ADDITION TO calling 911 or poison control, name 2-3 things you would do if you found an 11-month old holding an open and empty bottle of aspirin:

(1)

(2)

(3)

What would you say to a 5-year old who would rather finish playing Candy Land than get ready for school:

Solve this: A 4 and 2 year old are fighting over the same toy(s). What would you do; what would you say?

List 4 things you would do if a 4-month old baby were crying incessantly:

(1)

(2)

(3)

(4)

What would you do if a 5-year old confides that you are not as good as the last nanny and that you should go back home:

RELEASE AND AUTHORIZATION FORM

TO BE COMPLETED BY THE NANNY APPLICANT

DISCLOSURE: A CONSUMER REPORT MAY BE PROCURED FOR EMPLOYMENT PURPOSES

I voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, the Minnesota Bureau of Criminal Apprehension, Open Online, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, earnings history and employment records any other information requested to Care Givers Placement Agency, Inc., Choice Screening, U S Information Search, Employment Screening Services, Inc., Mind Your Business and/or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. A photographic or faxed copy of the authorization shall be as valid as the original. According to the FAIR CREDIT REPORTING ACT, I am entitled to know if employment is denied because of information obtained from a Consumer Reporting Agency. I will also be given a summary of my rights and a copy of the consumer report.

X _____
Applicant's Signature Date

Print Full Legal Name

Any other names used date(s) name(s) last used

Street Address City State Zip

Previous Addresses for Prior 7 years (use back side if needed)

Street Address City State Zip

Street Address City State Zip

Street Address City State Zip

_____/_____/_____
Social Security Number Date of Birth**

Driver's License Number State of Issue

**Birth date necessary to verify criminal/driving history. The Federal Age Discrimination Act of 1967 prohibits discrimination on the basis of age.

OFFICE USE ONLY:

_____/_____/_____
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_____/_____/_____
_____/_____/_____
OR CRIME SCREEN
Other:
PAH
RT
CS
DMV
SafeScan
SS# Verified

Directions to Care Givers Placement Agency:

We are in the Colonial Office Campus at 10211 SW Barbur Blvd., Building A, Suite 110, on the first floor. The Colonial Office Campus is a group of 4-5 buildings that all look alike: 2-story, red brick, white siding, white pillars. Building A is the building next to the Public Storage Company. There is a big parking lot in front of the buildings.

Traveling south on I-5:

Take the Capitol Highway Exit #295

Make 3 right hand turns, right in a row

The 3rd right hand turn is Barbur Blvd - our street!

Go about 1 block south (right), past a strip mall (you'll see Thai Orchid restaurant)

Our building will be on your right

Traveling north on I-5:

Take the Barbur Blvd. Exit #294

Go straight, through 2 stop lights

Our building will be on your left.

Traveling on I-84:

Take I-5 South, then follow the I-5 directions above

Traveling on US 26:

Take 217 Exit, heading towards Portland

Take 99W Exit

Turn left, towards Portland

Follow 99, past Tigard Cinemas, Tigard Fred Meyer, I-5 interchange

Our building will be on your left.

Traveling on Hwy. 217:

Take 99W Exit

Turn left, towards Portland

Follow 99, past Tigard Cinemas, Tigard Fred Meyer, I-5 interchange

Our building will be on your left.

Traveling on I-205

Depending on where you are coming from, take 205 either North or South to I5. Our office is slightly north of Tigard on the South fringe of Portland. Mapquest or Google Maps will be a big help!

Call us at 503-244-6370 if you have any questions. We look forward to meeting with you!