



Attach
Photo
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Nanny Information Form

Today's Date: _____ Date Available to work _____

About You

First Name _____ Last Name _____

Maiden Name _____ Nickname _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

Email _____

Date of Birth _____ Social Security Number _____

Type of work you want

Live Out	Permanent	Full Time	Non-Smoker	Pet friendly
Live In	Temporary	Part time		Pet allergies
Drive	Cook	Passport		

Days Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours Available							

Check all that apply and the expiration dates:

CPR exp:	Lifeguard exp:	Teacher
1st Aid exp:	Capable swimmer	Child care Director

Ages preferred: (check all that apply)

Newborn to 9 months	10-24 months	2-3 years old	4-5 years old
6-10 years old	10 years and over	Special Needs	Twins and/or triplets

Nanny Requirements: Which of the following do you expect to be your regular duties?

Taking care of children	Grocery shopping	Meal preparation
Creative activities	Running errands	Bath time
Exercise/Playing with children	School transportation	Pet care
Daily Grooming	Light housekeeping	Homework

Maximum number of children you will care for on a full-time basis: _____

Salary Range (weekly) _____ or (hourly) _____ Additional hours: \$ _____

Do you have a car _____ Driver's License

number _____ Insurance Co? _____

Education

High school: _____

Address: _____

Certificate received: _____ Last year attended: _____

University: _____

Address: _____

Certificate received: _____ Last year attended: _____

Major/Minor: _____

Other applicable education or special skills:

A Little More About You:

The thing I loved most about being a child was _____

The thing I love most about being an adult is _____

Work is _____

Play is _____

My favorite person right now is _____

Because _____

I am happiest when _____

My greatest strength is _____

I need to work on _____

When I am not working I like to _____

I am more into (details, the big picture) _____

I make decisions (quickly, slowly) _____

I work best (alone, with supervision) _____

I work best (under pressure, with no time limits) _____

I prefer to have a (schedule, no schedule) _____

I work best with (a job description, making it up as we go) _____

With children, clutter is _____

My philosophy on raising children is _____

When caring for children, good morals and values are _____

The perfect boss is _____

The perfect workplace is _____

Describe a typical day and how you would like to spend it with a toddler: _____

What kind of creative activities would you do with an infant? _____

Situation Quiz *(Use the back side of the pages if necessary to answer)*

1. You are in charge of a 9 month old girl – she wakes up from her nap with a high fever and is not really as alert as she should be. What do you do? _____

2. You are alone with a three month old – you realize that your cell phone (or purse) is in the car. You go to get it and the door locks behind you leaving the sleeping baby alone in the house. What do you do? _____

3. You have a set of 8-year-old twin boys in the car on the way to school. Suddenly one gets a bloody nose. What do you do? _____

4. What would you do if you were running late or if you noticed a traffic jam ahead on your way to a job? _____

5. You have a 6 week old to care for. It's 3 pm and it is her "play time," what would you do? What kind of activities would you do with her?

6. Same situation, but with a 2 year old, what would you do? ?

7. What should you always make sure you have, before the employer leaves the house?

8. Would you voluntarily take the children to a nearby park without being asked to do so?

9. Situation: You are watching a toddler and he falls down and scrapes his knee. Although he is not seriously injured, there is a little blood and the child is upset. What do you do?

10. Why do you think you would make a good nanny? _____

Work History (*especially child care experience, infant services*)

#1 Family (most recent)

Address _____

Contact Numbers _____ May we contact? _____

Your supervisor (if not the mother/father) _____

Reason for leaving _____

Started working for this family in _____ Left their employment in _____

Duties _____

Age(s) of child(ren) when you started working for them _____

Age(s) of Child(ren) when you left their employment _____

#2 Family

Address _____

Contact Numbers _____ May we contact? _____

Your supervisor (if not the mother/father) _____

Reason for leaving _____

Started working for this family in _____ Left their employment in _____

Duties _____

Age(s) of child(ren) when you started working for them _____

Age(s) of Child(ren) when you left their employment _____

#3 Family

Address _____

Contact Numbers _____ May we contact? _____

Your supervisor (if not the mother/father) _____

Reason for leaving _____
Started working for this family in _____ Left their employment in _____
Duties _____

Age(s) of child(ren) when you started working for them _____
Age(s) of Child(ren) when you left their employment _____

References

Please provide **two** personal references who are not related and whom you have known more than 3 years. *(Phone your references ahead of time to ensure the numbers are working.)*

Name _____
Contact Number _____
Address _____
How long have you known this person? _____

Name _____
Contact Number _____
Address _____
How long have you known this person? _____

Have you ever been convicted of a felony or criminal misdemeanors in the past:
Yes ___ No ___
If yes please explain _____

I hereby attest that all of the above information is true and accurate. I further agree that I will not accept employment from any of The Motherhood Center's clients or referral of The Motherhood Center's client without the express permission of The Motherhood Center. If it has been determined that you accepted employment from any of the Motherhood Center clients or referrals or you have not reported properly wages or increase in wages, you then agree to pay The Motherhood Center the sum of \$5,000.00 for doing so.

By signing here I agree to the above.

Print Name Signature Date