

Nanny Application

THE BABY-SITTERS CLUB RVA NANNY PLACEMENT APPLICATION

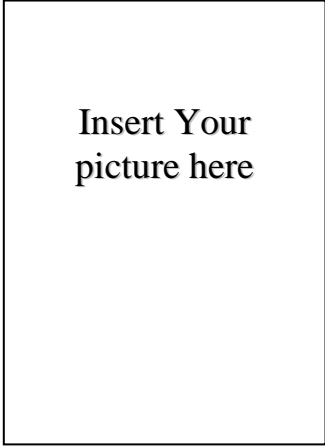


The **Baby-Sitters Club**
RVA

WWW.THEBABYSITTERSCLUBRVA.COM

THE BABY-SITTERS CLUB RVA | RICHMOND, VA

Nanny Application



Name: _____ Referred By: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Do you own a car? ___ Type of car & year: _____

What is your desired weekly salary: _____

Job Preferences

Live-In ___ Full-Time: ___ Permanent: ___ Mon-Fri: ___ Any Day ___ Weekends: _____
Live-Out ___ Part-Time: ___ Temporary: ___ Tue-Sat: ___ What hours can you work: _____

If you are a live-in do you require a car be provided? ___ Use own? ___ If you are live-in do you require that you be able to stay on the weekends? **Y N**

How many years of childcare experience do you have?: _____

Are you Flexible on Days & Hours? Very Flexible ___ Somewhat Flexible ___ Not Flexible ___

How long do you want to work in this position? 6 months 1 year 2 years 3 or more years

Please check where applicable what tasks you will do

Lt. Housekeeping ___ Carpooling ___ Newborn ___ Heavy Travel ___ Do you: Smoke Yes ___ No ___
Laundry ___ Ironing ___ Toddler ___ Light Travel ___ Drink Yes ___ No ___
Cooking ___ Pet Care ___ School Age ___ No Travel ___ Swim Yes ___ No ___
Errands ___ Marketing ___ No Preference ___ No preference ___ Know CPR? ___ Cert: _____

What is your favorite age group? _____ Why? _____

Maximum number of children you will care for: _____ Would you care for twins? _____

Will you work with children that have disabilities? _____ What kinds? _____

Please check the family situations you would like to work in

At home mom ___ At home dad ___ Single mom ___ Single dad ___ Two working parents ___

Is working in a house with pets OK? _____ Are you allergic to dogs? **Y N** Cats? **Y N**

Languages Spoken: _____

List Prior Employers, Most Recent First

Employer: _____
last name

City: _____ State: _____

How did you find this job? _____

Date job started: _____ Job ended: _____ Salary: _____ Is this take home? _____

Live-In or Live-Out? Full-time or Part-time? (please circle) Days & hours of job: _____

Children:

1. Sex: ___ Beginning Age: _____ Final Age: _____

2. Sex: ___ Beginning Age: _____ Final Age: _____

3. Sex: ___ Beginning Age: _____ Final Age: _____

4. Sex: ___ Beginning Age: _____ Final Age: _____

Responsibilities: Childcare Housekeeping Driving Cooking Homework Other: _____

Likes & Dislikes: _____

Reason for Leaving: _____

Employer: _____
last name

City: _____ State: _____

How did you find this job? _____

Date job started: _____ Job ended: _____ Salary: _____ Is this take home? _____

Live-In or Live-Out? Full-time or Part-time? (please circle) Days & hours of job: _____

Children:

1. Sex: ___ Beginning Age: _____ Final Age: _____

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How did you find this job? _____

Date job started: _____ Job ended: _____ Salary: _____ Is this take home? _____

Live-In or Live-Out? Full-time or Part-time? (please circle) Days & hours of job: _____

Children:

1. Sex: ___ Beginning Age: _____ Final Age: _____

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Likes & Dislikes: _____

Reason for Leaving: _____

Employer: _____
last name

City: _____ State: _____

How did you find this job? _____

Date job started: _____ Job ended: _____ Salary: _____ Is this take home? _____

Live-In or Live-Out? Full-time or Part-time? (please circle) Days & hours of job: _____

Children:

1. Sex: ___ Beginning Age: _____ Final Age: _____

2. Sex: ___ Beginning Age: _____ Final Age: _____

3. Sex: ___ Beginning Age: _____ Final Age: _____

4. Sex: ___ Beginning Age: _____ Final Age: _____

Responsibilities: Childcare Housekeeping Driving Cooking Homework Other: _____

Likes & Dislikes: _____

Reason for Leaving: _____

Please list all gaps in employment and explain them: _____

Have you held any jobs not listed above? Yes ___ No ___ If yes please explain: _____

Driving & Criminal Record

We order driving & criminal reports, please be accurate

How many years have you driven: _____ What states have you been licensed in: _____

Describe your tickets: _____

Describe your accidents: _____

Has your license been suspended: Y N If yes why: _____

Have you ever been convicted of a crime? Y N If yes describe it: _____

Medical Information

In order to assure safe child care we must know about medical and psychiatric conditions that could affect your ability to perform the job.

1) Are you presently suffering from any communicable disease(s) that could be transmitted to a child you are caring for?

NO YES If yes please describe: _____

2) Are you presently taking any medication(s), prescribed or not, which affects your judgment, coordination, levels of alertness and ability to respond in an emergency? NO YES If, yes please identify the medication, the frequency taken, and the effect of the medication(s) on your ability to perform the duties that you could be assigned: _____

3) Do you have any physical condition that might impair or prevent your ability to perform any reasonably required physical act normally required in the care of children? Do you have any mental condition that might impair or prevent your ability to protect a child from harm or that could impair your judgment? NO YES If yes please describe in detail:

Education

	School Name	Location	Years Attended	Date Graduated	Degree & Major
High School					
College					
College					
Other					

Child related courses taken in college: _____

List extracurricular activities in college: _____

What are your hobbies and interests? _____

Please list child related courses taken: _____

Do you have any other skills (dance, music, crafts, sports, etc.) that relate to children's activities:

Describe your future goals: _____

What do like most & least about being a nanny? _____

Tell us about yourself: _____

I hereby certify that the information contained herein is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Authorization

I, _____, acknowledge that The Baby-Sitters Club RVA, request a reference check, which may include information on my character, general reputation, education, personal characteristics, driving record, police record, and past employment. I hereby authorize the Agency to obtain any such information.

I acknowledge that I have read and understand this statement and that, to the best of my knowledge, the information provided in this application is true and correct.

I agree to release and hold the Agency harmless for any act of the employer. I also agree to hold the Agency harmless of any claim as a result of any placement in which I am a part.

Applicant's Signature

Date