

# Nanny Employment Application

2 Pidgeon Hill Dr.  
Suite 300  
Sterling, Virginia 20165

Phone (703) 404-8151  
Toll Free (800) 626-4829  
Fax (703) 404-8155

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**Personal Information**

Name (First, Middle, Last)  Date

Mailing Address (Include Apartment Number)  City  State  Zip Code

Email Address  Mobile Phone  Evening Phone  Fax Number

Available Starting Date  Hours Available To Work  Days Available To Work  Desired Salary Range

18 years of age or older?  Yes  No  
Do you smoke?  Yes  No  
If No, do you object to smoking?  Yes  No  
Are you legally eligible to work in the U.S.?  Yes  No

Do you have a driver's license?  Yes  No  
Since When?  List State and License Number

Have you ever had a moving or driving related violation or traffic accident? (include tickets)  Yes  No  
If yes, list specifics.

Have you ever been the subject of a substantiated complaint of child or sexual abuse?  Yes  No  
If yes, please explain.

Are you certified in First Aid?  Yes  No  
Are you certified in CPR?  Yes  No  
Are you certified in lifesaving?  Yes  No  
Do you feel confident in your ability to respond to a water emergency such as a child drowning?  Yes  No

Are you willing to become certified in these programs?  Yes  No  
If no, please list which programs you are NOT willing to become certified in.

Are you comfortable caring for children when they are mildly ill?  Yes  No  
Do you require your employer to offer health insurance?  Yes  No  
Please list any pets you would NOT be comfortable being around/living with.

**Live-In Applicants Only**

Do you feel comfortable living away from home?  Yes  No

Do you plan to bring a vehicle for use when on duty?  Yes  No  
If yes, please list year, make and model.

Do you do your own laundry?  Yes  No  
Do you feel comfortable using a checking account?  Yes  No  
Do you have cooking skills?  Yes  No  
Have you ever been responsible for the payment of your own living expenses?  Yes  No

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## Medical Information

Do you have any medical condition that could affect your ability to care for children?

Yes  No

If yes, please explain.

For each of the following, please indicate if you are willing to submit to, at no expense to you.

Physical Examination

Yes  No

Drug Screening

Yes  No

T.B.Test

Yes  No

Annual Flu Shot

Yes  No

Have you been immunized against the common childhood diseases?

Yes  No

If no, which ones have you NOT been immunized against?

Have received the Tdap vaccine or a Td booster within the last 10 years?

Yes  No

If no, please explain.

## Educational Background

Do you have a high school diploma/GED?

Yes  No

Please list name of high school.

Please list name of college (if attended)

Dates attended

Major

Degree/Certificate Received

Phone Number

Please list any other special training, credentials or certificates you would like us to be aware of.

## Employment History

Current Employer (If a company, full company name)

Supervisor's Name

Phone Number (If different)

Employer's Full Mailing Address

City

State

Zip Code

Employer's Telephone Number

Position You Held

Employed Since

Ending Salary

Reason For Leaving

May we contact?

Yes  No

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## List ALL CHILDCARE References for the Past FIVE Years

Company/Family Name	Date Employed From	Date Employed To
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer's Full Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer's Telephone Number	Position You Held	Ending Salary	May we contact?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

Reason For Leaving

Describe Your Responsibilities In Detail

Company/Family Name	Date Employed From	Date Employed To
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer's Full Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer's Telephone Number	Position You Held	Ending Salary	May we contact?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

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Employer's Full Mailing Address	City	State	Zip Code
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Employer's Telephone Number	Position You Held	Ending Salary	May we contact?
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Reason For Leaving

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**Reference 1**  
*Personal, Character or Professional*

Name <i>(First, Middle, Last)</i>	Relationship
<input type="text"/>	<input type="text"/>
Phone Number	Length Of Time Known
<input type="text"/>	<input type="text"/>

**Reference 2**  
*Personal, Character or Professional*

Name <i>(First, Middle, Last)</i>	Relationship
<input type="text"/>	<input type="text"/>
Phone Number	Length Of Time Known
<input type="text"/>	<input type="text"/>

**Childcare Background**

Youngest Child Cared For <i>(Age)</i>	Oldest Child Cared For <i>(Age)</i>	Ages Most Experience With	Ages Least Experience With
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age you started caring for children.			
<input type="text"/>			

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

If yes, please explain.

Have you had to handle an emergency of any kind?  Yes  No

If yes, please explain.

I CERTIFY THAT I HAVE ANSWERED ALL THE QUESTIONS ON THIS APPLICATION ACCURATELY AND TO THE BEST OF MY KNOWLEDGE. I HAVE NOT WITHHELD ANY INFORMATION WHICH WOULD CAUSE THE INFORMATION GIVEN ABOVE TO BE MISLEADING. IN THE EVENT OF MY EMPLOYMENT AS A RESULT, IN FULL OR IN PART, FROM THE INFORMATION CONTAINED ON THIS APPLICATION, I UNDERSTAND THAT ANY INACCURATE OR MISLEADING INFORMATION IS GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT.

Signature of Applicant	Date
<input type="text"/>	<input type="text"/>