

Southern Nannies

Nanny Application

First Name: _____

Last Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

How Long at this Address? _____

Please list addresses for previous five years:

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Fax: _____

E-mail: _____

Social Security #: _____

Age: _____ Date of Birth: _____

Sex: _____

Emergency Contact Information:

Name: _____

Relationship: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Work Phone: _____

Other Phone: _____

Fax: _____

E-mail: _____

Job Information:

Geographic Areas Preferred:

1. _____
2. _____
3. _____

Available Starting Date: _____
Requested Salary: _____
Position Desired (check all that apply): Nanny - Live in _____ Nanny - Live out _____
After School Care _____ Summer _____ Part Time _____ Full-Time _____
Are you interested in and able to take a permanent position?
(At least one year?) Yes No
Ages of children you have previously cared for: _____

Ages of children you would like to care for: _____

How many children have you cared for at any one time? _____
Would you work in a single-parent home? Yes No
Would you work in a home with pets? Yes No Other _____
Would you work in a home where someone smokes? Yes No
Do you smoke? Yes No If so, how much per week? _____
Do you drink? Yes No If so, how much per week? _____
Will you work in a home where (check all that apply): Both Parents Work _____ Father
Stays Home _____ Mother Stays Home _____ Both Parents Stay Home _____
Are you willing to do housework for additional money? Yes No
How do you rate yourself as a cook? Good Fair Poor
Will you prepare meals for the entire family? Yes No

How did you hear about our company? _____

Personal Information:

Current Employment _____
Current Employment Address _____

My we contact your current employer? Yes No
Please provide your employer's contact information:

Do you live with your parents? Yes No
Parent's address (if living with them):

Number of brothers: _____
Number of sisters: _____
What is your birth order? _____
Have you ever had children? Yes No
If so, are you looking for a position where you can take your children with you? Yes No

Do you have any involvement with youth organizations? If yes, explain. _____

Do you have any experience with handicapped or special needs children? Yes No

If yes, please explain: _____

Are you certified in CPR? Yes No

Are you certified in First Aid? Yes No

Can you swim? Yes No

Are you certified in lifesaving? Yes No

Do you drive? Yes No

Will you have a car? Yes No

Year/Make: _____

Driver's License Number: _____

State of license: _____

Can you operate a stick shift? Yes No

Has your driver's license ever been suspended? Yes No

If yes, please explain in full. If more space is needed, please attach explanation on another sheet:

Have you ever had any traffic accidents or traffic tickets? Yes No

If yes, please explain in full. If more space is needed, please attach explanation on another sheet:

Have you ever been arrested? Yes No

If yes, please explain in full. If more space is needed, please attach explanation on another sheet:

Have you ever been convicted of any crime? Yes No

If yes, please explain in full. If more space is needed, please attach explanation on another sheet:

Would you consent to the following if requested by the company or a family:

Drug screening? Yes No

Physical Examination? Yes No

HIV screening? Yes No

What are some of your hobbies or interests? _____

Weekly Hours available (check all that apply)

Monday	6-9am_____	9am-5pm_____	5-7pm_____	7-10pm_____	
Tuesday	6-9am_____	9am-5pm_____	5-7pm_____	7-10pm_____	
Wednesday	6-9am_____	9am-5pm_____	5-7pm_____	7-10pm_____	
Thursday	6-9am_____	9am-5pm_____	5-7pm_____	7-10pm_____	
Friday	6-9am_____	9am-5pm_____	5-7pm_____	7-10pm_____	
Saturday	6-9am_____	9am-5pm_____	5-7pm_____	7-10pm_____	10pm-2am_____
Sunday	6-9am_____	9am-5pm_____	5-7pm_____	7-10pm_____	10pm-2am_____

PLEASE READ CAREFULLY BEFORE RETURNING:

I certify that all of the information included in this application is accurate to the best of my knowledge. I understand that knowingly withholding information or providing false information is grounds for immediate dismissal from employment.

Signature of Applicant

Date: _____

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This Authorization and Consent for Release of Information acknowledges that **Southern Nannies, LLC** (hereinafter referred to as the “Company”), and/or its agents may conduct whatever investigations the Company deems appropriate to process this Application. These investigations may include, but are not limited to, searches of financial and/or credit agencies, records of previous employment including detailed information on work history, educational institutions, military records, INS records, criminal history, child abuse check, drug testing, social security card verification, and motor vehicle/driver’s license records, and may also include inquiries and interviews of any persons identified through the investigations as having information about me.

I understand that these investigations will be used to determine employment eligibility under the Company’s employment policies and for any other purpose deemed appropriate by the Company in connection with my employment. Therefore, I authorize and consent to the full release of records (either orally or in writing) to the authorized representatives of the Company. In addition, I release and discharge the Company and its agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses or any other charge or complaint arising from retrieving and reporting this information. I understand that this notice will apply to any future update reports that may be requested and is valid for up to two years from the below date.

After reading this document, I understand fully its complete contents and I authorize the background verification.

Printed Name _____

Signature _____

Date _____

Street Address

City State Zip

Driver’s License Number

Social Security Number

Date of Birth