



# Nanny Application

DATE: \_\_\_/\_\_\_/\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

HAVE YOU EVER USED ANOTHER NAME? If so , please list that name here: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_

GENERAL LOCATION: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVERS LIC#: \_\_\_\_\_ STATE: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?  YES  NO

IDENTIFY THE TYPE OF JOB YOU ARE INTERESTED IN: (check all that apply)

TYPE OF CARE

- LIVE IN
- FULL TIME
- PART TIME
- AFTER SCHOOL (one school year only)
- SUMMER(one school summer vacation only)
- TEMPORARY OR TRAVEL
- EVENING/WEEKEND (occasional)

DAYS/HOURS AVAILABLE

- MONDAY \_\_\_\_\_ - \_\_\_\_\_
- TUESDAY \_\_\_\_\_ - \_\_\_\_\_
- WEDNESDAY \_\_\_\_\_ - \_\_\_\_\_
- THURSDAY \_\_\_\_\_ - \_\_\_\_\_
- FRIDAY \_\_\_\_\_ - \_\_\_\_\_
- SATURDAY \_\_\_\_\_ - \_\_\_\_\_
- SUNDAY \_\_\_\_\_ - \_\_\_\_\_

Note: It is not necessary to indicate the need for absences due to religious practices or obligations.

WHEN ARE YOU AVAILABLE TO START A NEW JOB: \_\_\_/\_\_\_/\_\_\_

REQUESTED COMPENSATION? (pre-tax) HOURLY? \$ \_\_\_\_\_ WEEKLY? \$ \_\_\_\_\_

DO YOU HAVE ACCESS TO A CAR?  YES  NO

HOW FAR ARE YOU WILLING TO TRAVEL TO WORK? \_\_\_\_\_ MILES \_\_\_\_\_ MINUTES

DO YOU SMOKE?  YES  NO  NOT AT WORK

CAN YOU SWIM?  YES  NO

ARE YOU COMFORTABLE WITH A PARENT BEING IN THE HOME WHILE YOU WORK?  YES  NO

DO YOU HAVE INFANT EXPERIENCE?  YES  NO

DO YOU LIKE PETS?  YES  NO IF NO, PLEASE EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO

The Nanny Network, LLC  
515 E. Joppa Road, Suite 102  
Towson, MD 21286

phone (410) 321-1566  
fax (410) 558-6220  
<http://www.nanny-network.com>

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

IF YOU ARE NOT CURRENTLY CERTIFIED FOR INFANT/CHILD CPR, DO YOU AGREE TO OBTAIN CERTIFICATION?

YES  NO

I AM WILLING TO DO THE FOLLOWING: (please check the appropriate items)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> PREPARE MEALS – FAMILY | <input type="checkbox"/> GROCERY SHOPPING | <input type="checkbox"/> LIGHT VACUUM & DUSTING       |
| <input type="checkbox"/> PREPARE MEALS – CHILD  | <input type="checkbox"/> CARE FOR ELDERLY | <input type="checkbox"/> KEEP KITCHEN STRAIGHTENED    |
| <input type="checkbox"/> LAUNDRY – FAMILY       | <input type="checkbox"/> CARE FOR PETS    | <input type="checkbox"/> HELP WITH HOMEWORK           |
| <input type="checkbox"/> LAUNDRY – CHILD        | <input type="checkbox"/> ERRANDS          | <input type="checkbox"/> DRIVE CHILDREN TO ACTIVITIES |
| <input type="checkbox"/> IRONING                | <input type="checkbox"/> HOUSE SIT        | <input type="checkbox"/> CARPOOLS                     |
| <input type="checkbox"/> CLEAN BATHROOM         | <input type="checkbox"/> OTHER _____      |   |

**EDUCATION**

NAME OF HIGH SCHOOL: \_\_\_\_\_

LOCATION (city and state): \_\_\_\_\_

DID YOU GRADUATE?  YES  NO

NAME OF COLLEGE/OTHER: \_\_\_\_\_

LOCATION (city and state): \_\_\_\_\_

DID YOU GRADUATE?  YES  NO

DEGREE/MAJOR: \_\_\_\_\_

ARE YOU CURRENTLY ATTENDING SCHOOL?  YES  NO

IF YES, WHICH SCHOOL? (include city and state) \_\_\_\_\_

WHAT IS YOUR CLASS SCHEDULE? \_\_\_\_\_

PLEASE EXPLAIN ANY ANTICIPATED CHANGES TO YOUR SCHEDULE: \_\_\_\_\_

IDENTIFY OTHER EDUCATION, TRAINING	WHAT ARE YOUR HOBBIES/INTERESTS?

**REFERENCES**

LIST CURRENT OR MOST RECENT EMPLOYER FIRST. INCLUDE ALL EMPLOYMENT (PAID OR UNPAID) FOR PAST FIVE YEARS, CHILD CARE AND OTHER. USE BACK OF PAGE IF MORE ROOM IS NEEDED.

EMPLOYER NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_-\_\_\_\_\_  
YOUR POSITION: \_\_\_\_\_ AGES OF CHILDREN/ELDERLY AT START: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
WHY DID YOU LEAVE? \_\_\_\_\_

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EMPLOYER NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_-\_\_\_\_\_  
YOUR POSITION: \_\_\_\_\_ AGES OF CHILDREN/ELDERLY AT START: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
WHY DID YOU LEAVE? \_\_\_\_\_

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EMPLOYER NAME: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_-\_\_\_\_\_  
YOUR POSITION: \_\_\_\_\_ AGES OF CHILDREN/ELDERLY AT START: \_\_\_\_\_  
DATES OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
WHY DID YOU LEAVE? \_\_\_\_\_

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I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my Application unfavorably. As an inducement to refer my name to prospective employers, I authorize The Nanny Network, LLC, dba The Nanny Network, and its agents to verify any information contained in this Application and to obtain an investigative consumer report including information as to my credit history, character, general reputation, personal characteristics and mode of living. I further authorize The Nanny Network, LLC to obtain a criminal background report on me. I release all concerned from any liability in connection with any information they provide. I understand that the information obtained by The Nanny Network, LLC may be duplicated and given to any prospective employer considering hiring me, and I do hereby authorize this disclosure. I specifically request that all relevant persons and agencies fully cooperate with this investigation and provide all requested information.

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Signature of Applicant

Date

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Print Applicant's full name

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## Nanny Questionnaire

1. Why do you want to be a nanny? \_\_\_\_\_  
\_\_\_\_\_
2. How long can you commit to a family? \_\_\_\_\_  
\_\_\_\_\_
3. What are some activities you enjoy doing with children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Why is a nanny important to a family? \_\_\_\_\_  
\_\_\_\_\_
5. How would you handle a young child's temper tantrum?  
\_\_\_\_\_  
\_\_\_\_\_
6. How would you care for a sick child? \_\_\_\_\_  
\_\_\_\_\_
7. List three (3) precautions to keep a child safe:  
\_\_\_\_\_  
\_\_\_\_\_
8. Describe your disciplinary style. \_\_\_\_\_  
\_\_\_\_\_
9. How would people who know you describe your personality?  
\_\_\_\_\_  
\_\_\_\_\_
10. Do you anticipate any changes in your current status that a family should be aware of?  Yes  No  
If yes, describe: \_\_\_\_\_
11. In case of emergency, contact:  
Name: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_