



www.nannyagency.com

### EMPLOYMENT APPLICATION UPDATE

Rec'd: ____/____/____
Basic Skills: <input type="checkbox"/> Pass <input type="checkbox"/> Fail

**Optional**

**Place Photograph Here**  
*(For Identification Purposes)*

Name \_\_\_\_\_ Date Available \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Telephone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Do you own a car to get to and from work?  Yes  No Type of Car \_\_\_\_\_ Year \_\_\_\_\_

Are you willing to use your car for job related duties?  Yes  No Would you take public transport for city jobs?  Yes  No

**What position(s) are you seeking? (Check all that apply)**

- |  |  |   |                                      |  |
|--|--|---|--------------------------------------|--|
| <input type="checkbox"/> Nanny (at home parent)  | <input type="checkbox"/> Nanny (single mother) | <input type="checkbox"/> Family Assistant   | <input type="checkbox"/> Housekeeper | <input type="checkbox"/> Tutor/Homework Helper |
| <input type="checkbox"/> Nanny (working parents) | <input type="checkbox"/> Nanny (single father) | <input type="checkbox"/> Newborn Specialist | <input type="checkbox"/> Chef/Cook   | <input type="checkbox"/> After school care     |
| <input type="checkbox"/> Live-in (permanent)     | <input type="checkbox"/> Live-in (5 days only) | <input type="checkbox"/> Temporary          | <input type="checkbox"/> Part time   | <input type="checkbox"/> Full time             |

**What duties are you willing to accept? (Check all that apply)**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Full charge child care | <input type="checkbox"/> Run errands           | <input type="checkbox"/> Laundry for children   | <input type="checkbox"/> Grocery shop         |
| <input type="checkbox"/> Supervise children     | <input type="checkbox"/> Complete housekeeping | <input type="checkbox"/> Iron for children only | <input type="checkbox"/> Cooking for family   |
| <input type="checkbox"/> Overnight care         | <input type="checkbox"/> Light housekeeping    | <input type="checkbox"/> Laundry for family     | <input type="checkbox"/> Cooking for children |
| <input type="checkbox"/> Travel with family     | <input type="checkbox"/> Run/empty dishwasher  | <input type="checkbox"/> Iron for family        | <input type="checkbox"/> Pet care             |

**What age child(ren) do you have care experience other than family or friends?**

- Under 3 mo  3 mo-18 mo  18 mo-3 years  3 years-5 years  5 years-8 years  8 years-12 years  Teenagers

**Work Days/Hours Preferred: (Check all that apply) List hours you are willing to work.**

- |                                     |                                      |                                    |  |
|-------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Mon _____  | <input type="checkbox"/> Wed _____   | <input type="checkbox"/> Fri _____ | <input type="checkbox"/> Sun _____                         |
| <input type="checkbox"/> Tues _____ | <input type="checkbox"/> Thurs _____ | <input type="checkbox"/> Sat _____ | <input type="checkbox"/> Night care (11pm-7am or 10pm-6am) |

**Geographic Area Preferred: (Check all that apply)**

- |                                    |                                     |                                      |  |                                      |                                |
|------------------------------------|-------------------------------------|--------------------------------------|--|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Main Line | <input type="checkbox"/> Del Co     | <input type="checkbox"/> Lower Bucks | <input type="checkbox"/> Delaware      | <input type="checkbox"/> NE Phila    | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mont Co   | <input type="checkbox"/> Chester Co | <input type="checkbox"/> Upper Bucks | <input type="checkbox"/> S. New Jersey | <input type="checkbox"/> Center City | _____                          |

**Weekly Salary Range:** \_\_\_\_\_  Gross or  Net of taxes

**Health Insurance: Need it?**  yes  no  negotiable **Currently have it?:**  yes  no **Cost \$** \_\_\_\_\_/month

For long term permanent positions we ask that you make a minimum of a one year commitment. Are you willing to make this commitment?  Yes  No If not, please explain why. \_\_\_\_\_

For how long are you seeking employment?  3 months  6 months  9 months  1 year  More than a year

Are you allergic to any indoor pets?  No If yes,  All dogs  Some dogs \_\_\_\_\_  Cats  Some cats \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Contact number \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name \_\_\_\_\_

**Qualifications**

Certified in: **CPR**  Yes  No Expiration Date \_\_\_/\_\_\_/\_\_\_ **First Aid**  Yes  No Expiration Date \_\_\_/\_\_\_/\_\_\_

**WORK EXPERIENCE---List most recent first, and work back. Include jobs since your last application.**

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_  Part time  Full time

Describe duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_

=====

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_  Part time  Full time

Describe duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Salary: Start \_\_\_\_\_ Finish \_\_\_\_\_

=====

**Child Care/Family Assistant/Housekeeping/Cooking/Domestic Positions. Include jobs since your last application.**

Name of Family or Organization How did you get the job?	Address, city, state, zip code Work telephone, cell telephone	Ages/Gender of children at start of job. List each child separately unless it was group care.	List dates (month/year) worked. Was it daytime, evenings or overnight	How many times per week did you work? What were some of the typical hours?	Why did you leave? What was your salary?

**Ability to Perform Job Duties**

For families in 2 and 3 story homes, are you able to run up and down the stairs carrying a baby or child as required by the job?

Can you describe your attendance record in the last 2 years? How often did you need to miss work, and can you talk about that?

Do you need any accommodation to perform your job duties? If so, what type?

Are you willing to have a pre-employment: a) medical exam?  Yes  No b) TB test?  Yes  No \_\_\_\_\_

Anything else we should know since your interview and last application?



Rec'd: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Verification and Reference Authorization**

In order to determine whether a candidate is suitable for a position, it is necessary to thoroughly review your complete employment history, credit history and references. Many employers and references will not provide a candid response unless there is an authorization and release of liability statement. Please carefully review the following paragraph and sign and date the form below.

I, \_\_\_\_\_, hereby authorize The Philadelphia Nanny Network, Inc. and any agent acting on its behalf to contact my former employers and references and conduct a complete background review, including criminal, motor vehicle and credit reports. I authorize release and forever discharge each employer, reference, police and motor vehicle department, credit reporting agency, educational institution, The Philadelphia Nanny Network, Inc. and its employees and agents from any and all liability of any kind or nature whatsoever relating to my complete background, credit and reference review. I further specifically request that all agencies, representatives and references fully cooperate with this investigation.

If employed, I further authorize periodic checks of all above referenced sources as may be deemed necessary by employer.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Maiden Names

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Drivers License Number and State

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List any other states where you have lived since 18 years old, indicating years lived there.

State	Month/Year to Month/Year	State	Month/Year to Month/Year	State	Month/Year to Month/Year

Rate your credit history  Excellent  Good  Fair

How is your driving record? \_\_\_\_\_

Explain: \_\_\_\_\_

License ever suspended or revoked? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?

Other states you have been licensed in: \_\_\_\_\_

Yes  No If yes, please explain. \_\_\_\_\_

Can you provide proof for employment eligibility in the U.S.?  Yes  No Please provide copy of Visa/Green Card  On file.

**EDUCATION**

High School \_\_\_\_\_ Dates \_\_\_\_\_ Graduated:  Yes  No GPA \_\_\_\_\_  
City/State \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

College \_\_\_\_\_ Dates \_\_\_\_\_ Graduated:  Yes  No Major \_\_\_\_\_ GPA \_\_\_\_\_  
City/State \_\_\_\_\_ Registrar's Office Telephone No. (\_\_\_\_) \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_ Dates \_\_\_\_\_ Graduated:  Yes  No Major \_\_\_\_\_ GPA \_\_\_\_\_  
City/State \_\_\_\_\_ Registrar's Office Telephone No. (\_\_\_\_) \_\_\_\_\_ Degree \_\_\_\_\_

If left college, why? \_\_\_\_\_ Other courses/certificates/seminars \_\_\_\_\_

I understand the information on this application has been requested for the purpose of evaluating my qualifications for employment. To the best of my knowledge, the information in this application is true.

I understand that misrepresentation or omission of facts in connection with my application may be sufficient cause, in and of itself, for dismissal whenever discovered.

I allow the release of this information for purposes of employment. I understand that The Philadelphia Nanny Network, Inc. acts only as a placement service and assumes no liability or responsibility for any act of either the nanny or the employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date