CHESAPEAKE NANNIES, LLC

Caring, Reliable, Professional Placements

Nanny Application

PERSONAL INFORMATION Date: _____

Name: _____
Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____
Home phone: _____ Cell phone: _____
Email: _____
SS# _____-_____-_____

Do you drive? __Yes __No Driver's license number:_____
Do you have your own car? __Yes __No Make & Model: _____
State of Driver's License? _____
How many car seats can safely fit in your car? _____
Do you feel comfortable driving children? ___Yes ___No

CIRCLE THE TYPES OF JOBS YOU ARE INTERESTED IN

Full Time Part Time Summer Weekend Temporary Live-In
Evening Tudor Care Occasional (weekend or evening) after school

When are you available to start? _____
Your availability is good through _____

DAYS AND HOURS AVAILABLE

Monday _____ Friday_____
Tuesday _____ Saturday _____
Wednesday _____ Sunday _____
Thursday _____

JOB DUTIES: SELECT WHICH THOSE APPLY (Yes, No, Occasionally)

meal prep for children	___Y ___N ___O	drive children to activities	___Y ___N ___O
meal prep for family	___Y ___N ___O	drive children to and from school	___Y ___N ___O
light housekeeping	___Y ___N ___O	help with homework	___Y ___N ___O
laundry for children	___Y ___N ___O	care of pets	___Y ___N ___O
laundry for family	___Y ___N ___O	travel with family	___Y ___N ___O
iron clothes	___Y ___N ___O	infant experience	___Y ___N ___O
grocery shopping	___Y ___N ___O	change children's bed linens	___Y ___N ___O
can you swim	___Y ___N ___O	need schedule flexibility	___Y ___N ___O
run errands	___Y ___N ___O	will you be bringing your own child	___Y ___N ___O
do you smoke	___Y ___N ___O	run/empty dishwasher	___Y ___N ___O
care for elderly	___Y ___N ___O	special needs care	___Y ___N ___O

EDUCATION- PLEASE SELECT ALL THAT APPLY

___ Attended High School ___ Attended College ___ Advanced Degree
___ High School Graduate ___ College Graduate ___ Attending school

Are you currently attending school? _____Yes _____No
If yes, what is your class schedule? _____

Name of High School: _____ Dates Attended: _____
Location of School: _____ Year Graduated: _____

Name of College: _____ Dates Attended: _____
Location of School: _____ Year Graduated: _____
College Field of Study: _____ Degree Obtained: _____

Languages Spoken: _____
Other Childcare Training: _____

Other training or education: _____
_____
_____

What is your desired salary: _____ weekly _____ hourly

ABOUT YOU

How long could you commit to a family? _____
Do you use alcohol, nicotine or drugs? _____ If yes, please explain: _____
What are your hobbies and interests: _____
Any medical illness that may affect your performance as a nanny?_____
Have you ever been arrested? ___Yes ___No If yes, please explain: _____
Have you had any speeding tickets, moving violations, accidents, traffic convictions or points on your license within the last 10 years? ___Yes ___No If yes, please explain: _____

_____
Have you ever been dismissed from a job? ___Yes ___No If yes, please explain: _____

_____
Are you certified in CPR? ___Yes ___N0 If yes, when is the expiration date? _____
If not, are you willing to obtain the certification? ___Yes ___No
Are you certified in Infant/child CPR? ___Yes ___No If not, are you willing to obtain a certification? ___Yes ___No
Are you certified in First Aide? ___Yes ___No If yes, when is the expiration date? _____
How many children have you taken care of at one time? _____
How many children do you feel comfortable taking care of at one time? _____
Do you have experience with multiples (twins, triplets etc.)? ___Yes ___No If so, what were their ages: _____
Do you feel comfortable working with a family who has multiples? ___Yes ___No

Have you ever been convicted of a crime? ___Yes ___No If yes, please explain: _____

_____
Have you had any driving violations or accidents within the past 3 years? ___Yes ___No
If yes, please explain: _____

Do you have infant experience? ___Yes ___No
Are you comfortable with a parent being in the home while you work? ___Yes ___No
Do you like pets? ___Yes ___No
Do you have any allergies? ___Yes ___No

How did you learn about Chesapeake Nannies? _____
List anyone you know who may be interested in being a nanny:
1. _____ Phone #: _____
2. _____ Phone #: _____

Person to contact in case of emergency: _____ Phone #: _____
relationship: _____

NANNY QUESTIONAIRE

Why do you want to become a nanny? _____

_____

_____

What qualities do you have that make you a good nanny? _____

_____

_____

Describe your personality: _____

_____

_____

How do you deal with a stressful childcare situation? _____

_____

_____

What are some ideas of activities to do indoors on a rainy day? _____

_____

_____

What are other activities you enjoy doing with young children? _____

_____

_____

How would you handle a 5th grader who is unwilling to do what they are told? _____

_____

_____

How would you handle a toddler's temper tantrum? _____

_____

_____

What other forms of discipline do you use? _____

_____

_____

Why should a parent hire you as a nanny? _____

_____

_____

How would you care for a sick child? _____

_____

_____

Please describe your past childcare experience: _____
_____
_____
_____
_____
_____
_____
_____
_____

Give a description about yourself (hobbies, interests, background of your family and childhood ect): _____
_____
_____
_____
_____
_____
_____
_____
_____

PERSONAL REFERENCES

1.Name:_____ Job title: _____
Address: _____
City:_____ State: _____ Zip Code: _____
Home Phone #: _____ Cell #: _____
Work Phone #: _____ Email: _____
Relationship to you: _____

2.Name:_____ Job title: _____
Address: _____
City:_____ State: _____ Zip Code: _____
Home Phone #: _____ Cell #: _____
Work Phone #: _____ Email: _____
Relationship to you: _____

NANNY EMPLOYEE REFERENCE FORM (NON-RELATIVE)
childcare

1.Name:_____ Job title: _____
Address: _____
City:_____ State: _____ Zip Code: _____
Home Phone #: _____ Cell #: _____
Work Phone #: _____ Email: _____
Relationship to you: _____
Dates of employment: _____ to _____ Ages of children cared for: _____
Job responsibilities: _____
_____
_____
Reason for leaving: _____

2. Name:_____ Job title: _____
Address: _____
City:_____ State: _____ Zip Code: _____
Home Phone #: _____ Cell #: _____
Work Phone #: _____ Email: _____
Relationship to you: _____
Dates of employment: _____ to _____ Ages of children cared for: _____
Job responsibilities: _____
_____
_____
Reason for leaving: _____

3. Name:_____ Job title: _____
Address: _____
City:_____ State: _____ Zip Code: _____
Home Phone #: _____ Cell #: _____
Work Phone #: _____ Email: _____
Relationship to you: _____
Dates of employment: _____ to _____ Ages of children cared for: _____
Job responsibilities: _____
_____
_____
Reason for leaving: _____

Nanny Signature: _____ Date: _____