

A Nanny Solution, LLC.

Office: (408) 981-0504

FAX: (408) 904-5721

A Nanny Solution

www.anannysolution.com

anannysolution@me.com

DATE: _____

Please tell us how you found A Nanny Solution:

Web Friend Advertisement Other: _____

Last Name		First Name		Middle Initial	Social Security Number	
Present Address		City/Town	State	Zip Code	Home Telephone Number	
Permanent Address (if different)		City/Town	State	Zip Code	Work Telephone Number	
E-mail Address	Driving License Number	Issuing State	Issue Date	Expiry Date	Cell Phone Number	
Name of Emergency Contact		Relationship to Contact	Cell Phone	Home Phone	Work Phone (if permissible)	

Are you a USA Citizen? YES NO If no, where are you a citizen _____

Do you have a valid Green Card? YES NO Do you have a valid Passport YES NO

Job Applying For: (Check all that applicable to your skill set)

Full Time	Temporary	Weekends	Live-Out	Travel
Part Time	On-Call	Live-In	24 Hour	Summer

Where do you currently live? _____

How far are you willing to commute to fulfill a new position? _____ Miles

Salary Range desired:

Hourly	\$ _____ to \$ _____	Travel Daily	\$ _____ to \$ _____
Weekly	\$ _____ to \$ _____	Gross	\$ _____
Monthly	\$ _____ to \$ _____	Net	\$ _____
Yearly	\$ _____ to \$ _____		
24-Hour Care	\$ _____ to \$ _____		

Benefits desired (Check all that apply):

Medical Dental Paid Vacation Paid Holidays Sick Pay

Work Availability And Preferences

MON		TUE		WED		THUR		FRI		SAT		SUN	
START	FINISH	START	FINISH	START	FINISH	START	FINISH	START	FINISH	START	FINISH	START	FINISH

Are you willing to relocate for any positions? YES NO

Health Information

Are you in currently in good health? YES NO

Do you take any prescribed medications? YES NO

Do you smoke? YES NO

Date of Last TB Test: _____ Results: Positive Negative

Personal Family Information

Married Single Separated Divorced Widowed

Do you have children? YES NO If yes, how many? _____

Who will care for your children while you are working? _____

Please check the languages you can read, speak, or understand

<u>Read</u>	<u>Speak</u>	<u>Understand</u>		<u>Read</u>	<u>Speak</u>	<u>Understand</u>		<u>Read</u>	<u>Speak</u>	<u>Understand</u>
English			Farsi				Cantonese			
Spanish			Hindi				Portuguese			
French			Mandarin				Russian			
German			Japanese				Swedish			
Italian			Korean				Tagalong			
Hebrew			Polish				Other:			

Have you ever been convicted of a Driving Under the Influence charge? YES NO

Have you ever been convicted of improper sexual and physical contact with a child? YES NO

Have you ever been convicted of theft, embezzlement, or any other criminal activity? YES NO

Do you have any physical limitations that might interfere with doing your job? YES NO

If yes, please explain

Have you ever been convicted of a misdemeanor or Felony? YES NO

If yes, please explain

Are you willing to use your car for the job? YES NO

Type of Car: Year _____ Make _____ Model _____

Insurance Coverage: _____

Child Related Positions *(Check all that apply)*

- Nanny Babysitter Teacher Newborn Specialist Night Newborn Nanny
- Mother's Helper Family Assistant

Ages of children you prefer caring for *(check all that apply)*

- Infant Toddler Preschool Grade School Teenagers
- (birth to 1)* *(age 1-3)* *(age 3-5)* *(age 6-13)* *(age 13+)*

How many children do you like to work with at a time? _____

Special Needs Experience:

- ADD/ADHD Austism Asthma Cerebral Palsy Down Syndrome
- Allergies Learning Disabilities Other _____

Special Training _____ **ECE Units**

Domestic Positions *(Check all that apply)*

- Caretakers Cook/Chef Estate Manager Household Manager Housekeeper Chauffer
- Houseman Major Domos Personal Assistant Executive Assistant Security

EDUCATION:

TYPE OF SCHOOL	NAME AND ADDRESS	NO. OF YEARS ATTENDED	GRADUATED	COURSE OF STUDY
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
OTHER			YES NO	

CERTIFICATION	GRADUATED	EXPIRATION DATE
CPR	YES NO	
FIRST AID	YES NO	
OTHER _____	YES NO	

PREVIOUS EMPLOYMENT

BEGINNING	ENDING	COMPANY & ADDRESS	WHAT DID YOU LIKE/DISLIKE ABOUT JOB	REASON FOR LEAVING
Dates:				
MO YR	MO YR			
Salary		Supervisor	Phone:	
\$	\$			

May we contact this employer? YES NO

BEGINNING	ENDING	COMPANY & ADDRESS	WHAT DID YOU LIKE/DISLIKE ABOUT JOB	REASON FOR LEAVING
Dates:				
MO YR	MO YR			
Salary		Supervisor	Phone:	
\$	\$			

May we contact this employer? YES NO

BEGINNING	ENDING	COMPANY & ADDRESS	WHAT DID YOU LIKE/DISLIKE ABOUT JOB	REASON FOR LEAVING
Dates:				
MO YR	MO YR			
Salary		Supervisor	Phone:	
\$	\$			

May we contact this employer? YES NO

BEGINNING	ENDING	COMPANY & ADDRESS	WHAT DID YOU LIKE/DISLIKE ABOUT JOB	REASON FOR LEAVING
Dates:				
MO YR	MO YR			
Salary		Supervisor	Phone:	
\$	\$			

May we contact this employer? YES NO

JOB RELATED REFERENCES

1.				
Name	Email	Phone	Relationship	How long known
2.				
Name	Email	Phone	Relationship	How long known
3.				
Name	Email	Phone	Relationship	How long known
4.				
Name	Email	Phone	Relationship	How long known

CHARACTER REFERENCES (Not family)

1.				
Name	Email	Phone	Relationship	How long known
2.				
Name	Email	Phone	Relationship	How long known
3.				
Name	Email	Phone	Relationship	How long known

Please answer the following questions:

Are you currently employed? *If yes*, please explain your interest in pursuing a new position.

When would you be available to start a new position?

What are your salary and benefit needs? Please describe in hourly and salary.

What three characteristics that you possess do you feel will benefit a new position?

Describe in your own words what your responsibilities would be for your selected position.

Describe your personality in three sentences or less.

Please feel free to write anything else important for us to know.

I hereby certify that I have NOT knowingly withheld any information that might adversely affect my chances for employment, and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that A Nanny Solution LLC may cancel its agreement to assist me in finding employment and/or my employer may dismiss me immediately if any part of the information is not true. By signing below, I give my permission to A Nanny Solution LLC to obtain and verify my employment history and reference. I understand that A Nanny Solution LLC does not guarantee referral to clients or employment. By typing my name below, I acknowledged this is a legal document.

Signature of Applicant

Date

Please email back application and resume to:
anannysolution@me.com