

*Amazing Placements, LLC*

*PO Box 2480*

*Darien, CT 06820*

*Phone: 203-979-9770*

*Fax 630.925.9770*

**Nanny Application**

**General Information**

Full Name: \_\_\_\_\_

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

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

Position Sought: \_\_\_\_\_ Full time Live-In

\_\_\_\_\_ Full time Live-Out

\_\_\_\_\_ Summer

\_\_\_\_\_ Part-time Hours: M\_\_\_\_ Tu\_\_\_\_ W\_\_\_\_ Th\_\_\_\_ F\_\_\_\_

\_\_\_\_\_ Weekend Hours: F\_\_\_\_ Sat\_\_\_\_ Sun\_\_\_\_

Date Available: \_\_\_\_\_

Desired Salary Range: \_\_\_\_\_

**Address Information**

Present Street Address: \_\_\_\_\_

Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Present Phone Number: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Permanent Address Information**

Permanent Street Address: \_\_\_\_\_

Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Permanent Phone Number: \_\_\_\_\_

**Other Information**

Do you have a valid driver's license?                      Yes                      No

License number and State: \_\_\_\_\_

Can you drive a standard transmission?                      Yes                      No

Will you bring your own car?                      Yes                      No

Do you smoke?                      Yes                      No

Can you swim?                      Yes                      No

Do you have experience with newborns?                      Yes                      No

Do you have experience with multiples?                      Yes                      No

Are you willing to work with a mother at home?                      Yes                      No

Are you willing to work with pets?                      Yes                      No

Do you have any allergies with pets?                      Yes                      No

Have you ever been convicted of a crime?                      Yes                      No

Marital Status:                      Single                      Married

Do you have dependents?                      Yes                      No

Ages of your children? \_\_\_\_\_

Are you a US citizen?                      Yes                      No

Do you have a a valid Green Card?                      Yes                      No

Are you willing to travel within the US?                      Yes                      No

Are you willing to travel Internationally?                      Yes                      No

Do you have a valid passport?                      Yes                      No

**Education (Please include high school, college(s), and others):**

Name and Location	Years	Dates	Diploma?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Major Field of Study: \_\_\_\_\_

**Other Interests, Skills, and Talents:**

\_\_\_\_\_

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**Childcare Experience** (Nanny, Babysitter, Volunteer, Teacher, Siblings, etc.):

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**On a scale from 1-10 (with 10 being the highest), please rate yourself:**

<b>Neatness</b>	1	2	3	4	5	6	7	8	9	10
<b>Energy Level</b>	1	2	3	4	5	6	7	8	9	10
<b>Ability To Adapt To A New Environment</b>	1	2	3	4	5	6	7	8	9	10
<b>Ability To Communicate Effectively</b>	1	2	3	4	5	6	7	8	9	10
<b>Organizational Ability</b>	1	2	3	4	5	6	7	8	9	10
<b>Creativity</b>	1	2	3	4	5	6	7	8	9	10
<b>Ability To Motivate Others</b>	1	2	3	4	5	6	7	8	9	10

**Previous Childcare Employment**

Employer	
Start/End Date (month and year)	
Telephone Number	
Number Of Children	
Ages When Started	

Employer	
Start/End Date (month and year)	
Telephone Number	
Number Of Children	
Ages When Started	

Employer	
Start/End Date (month and year)	
Telephone Number	
Number Of Children	
Ages When Started	

Employer	
Start/End Date (month and year)	
Telephone Number	
Number Of Children	
Ages When Started	

**Work Experience (Non-childcare related)**

Employer	
Start/End Date (month and year)	
Telephone Number	
Responsibilities	

Employer	
Start/End Date (month and year)	
Telephone Number	
Responsibilities	

Employer	
Start/End Date (month and year)	
Telephone Number	

Responsibilities	
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Personal References

Name	
City, State	
Home/Work Telephone Numbers	
Relation To You	

Name	
City, State	
Home/Work Telephone Numbers	
Relation To You	

**Why are you interested in becoming a nanny?**

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**What do you think you could offer a family as a nanny?**

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Submission of this application implies that all information stated is true and complete to the best of my ability. I understand that omitting information or providing false information is grounds for immediate dismissal from employment as a nanny. I understand that I am using the services of Amazing Placements, LLC as a referral agency and I will not be considered an employee of Amazing Placements, LLC. I understand that I will not be charged a placement fee by Amazing Placements, LLC and the placement fee will be paid by my employer. I agree that I will not travel to Employer's home until required agency fee has been received by Amazing Placements, LLC. I understand that if I accept a position with any family referred by Amazing Placements, LLC, I will notify Amazing Placements, LLC within 24 hours of acceptance. I understand that Amazing Placements, LLC acts solely as a facilitator and is not responsible, nor liable for any act of the Employer. I also agree to hold Amazing Placements, LLC harmless and to indemnify Amazing Placements, LLC from any and all claims, including attorney fees and court costs made by any person arising out of my employment as a nanny.

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Signature

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Date