



Portland Nannies, Inc.
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NANNY APPLICATION

Position Applying for: **Live-In** **Live-Out**

When would you like to begin work?

Today's Date:

Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Is it okay to call your cell phone?

Yes No

What is the best time to contact you?

Email Address:

PERSONAL PROFILE

Date of birth:

Age:

Do you have a driver's license?

Yes No

License #:

State Issued:

Can you drive:

Yes No

Automatic or Standard Shift

Do you have a car you would be bringing with you?

Yes No

If so, what is the make, model, & year?

Do you have any violations or speeding tickets?

Yes No

If yes, explain:

Have you been in any car accidents?

Yes No

If yes, explain:

Are you willing to use your vehicle to transport children?

Yes No

Do you have a criminal record?

Yes No

If yes, please explain:

Do you swim?

Yes No

If yes, how well?

List any foreign languages spoken fluently:

Are you certified in CPR?

Yes No

Date:

Are you certified in First Aid?	Yes	No
Date:		
If you are not certified, are you willing to become certified?	Yes	No
<i>(This is mandatory, we or the family will pay for ½ of the cost.)</i>		
Do you smoke?	Yes	No
If yes, how much?		
Do you object to others smoking around you?	Yes	No
Do you enjoy traveling?	Yes	No
Would you be willing to travel with a family?		

What are some of your hobbies and interests?

Describe your personality:

Briefly describe what your childhood was like:

What are some of your future goals?

TYPE OF POSITION DESIRED

How long of a commitment are you willing to make?

Are you looking to work:

Full-Time

Part-Time

Summer

Type of position:

Nanny

Mother's Helper

On Call

Temporary

Evenings

After-School

Please write in what hours you are available to work on each day:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Are you willing to work occasional evenings,
weekends, or overnights?

Yes No

Will you work in a single parent home?

Yes No

In a home where a parent works from home?

Yes No

Will you work in a home with pets?

Yes No

Desired salary range: _____

Are you negotiable?: _____

REFERENCES

Please list at least four references we can contact. Two of them must be childcare related. List previous employers, teachers, etc.:

Name	Address/Email	Phone	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

Please check all of the following that you have done:

- | | |
|----------------------------------|--------------------------------|
| Bathed a baby/child | Cared for a nursing baby |
| Prepared formula | Gave solid foods to a baby |
| Provided 24-hour child care | Gave medications |
| Helped with toilet training | Safety proofed a home |
| Cared for ill children | Helped a child cope with death |
| Helped a child cope with divorce | |

Use this space to make any additional comments to give a family better insight of your experiences with the above:

What qualities should a successful nanny possess?

Describe the environment that you are most comfortable:

Do you object to working in a home with pets? List any allergies:

A nanny's duties routinely include all tasks pertaining to children. Some families request additional housekeeping.

Which of the following are you willing to do?

- | | | |
|--------------------|---------------------|---------------|
| Family laundry | Taking care of pets | Picking up |
| Sweeping/Vacuuming | Dishes | Menu planning |
| Meal preparation | Grocery shopping | Errands |
| Dusting | Ironing | Others: |

Comments:

EDUCATION

High School:

Location:

Dates:

Graduate?

Yes No

Courses:

Extracurricular activities:

College/Trade School:

Location:

Dates:

Graduate?

Yes No Major:

Extracurricular activities:

College/Trade School:

Location:

Dates:

Graduate?

Yes No Major:

Extracurricular activities:

List all child-related courses taken and/or other training:

CHILDCARE EXPERIENCES

1. Family/Company

Name:

Phone:

Email:

Address:

Dates of employment:

May we contact?

Yes

No

Ages of children when you began:

Duties:

Reason for leaving:

What did you enjoy most about this position?

2. Family/Company

Name:

Phone:

Email:

Address:

Dates of employment:

May we contact?

Yes

No

Ages of children when you began:

Duties:

Reason for leaving:

What did you enjoy most about this position?

3. Family/Company

Name:

Phone:

Email:

Address:

Dates of employment:

May we contact?

Yes

No

Ages of children when you began:

Duties:

Reason for leaving:

What did you enjoy most about this position?

4. Family/Company

Name:

Phone:

Email:

Address:

Dates of employment:

May we contact?

Yes

No

Ages of children when you began:

Duties:

Reason for leaving:

What did you enjoy most about this position?

EMPLOYMENT HISTORY (*Other than child care*)

1. Dates Employed:

Employer:

Phone:

Position:

Reason for leaving:

Supervisor's name: May we contact? Yes No

2. Dates Employed:

Employer:

Phone:

Position:

Reason for leaving:

Supervisor's name: May we contact? Yes No

3. Dates Employed:

Employer:

Phone:

Position:

Reason for leaving:

Supervisor's name: May we contact? Yes No

HYPOTHETICAL QUESTIONS: What would you do if?

You are taking care of a baby who cannot stop crying:

A toddler has a temper tantrum:

The new children you are taking care of tell you they do not like you and want their old nanny back:

You are watching a video; the children get frightened and start to cry:

You are trying to potty-train an unenthusiastic toddler:

Please check the ages of the children you prefer working with

Newborn

Toddlers (1-3)

Preschool (3-5)

School aged (5+)

Please list types of activities you would engage the children you would be caring for on a typical workday. Discuss activities for the age levels you prefer working with.

Please describe the method(s) of limit setting you use with children and why you find it effective.

Do you have experience working with special needs children?

Yes No

If yes, describe:

If you've never been employed as a nanny before, please tell us why you wish to enter this profession: