



Nanny Application

DATE: ___/___/___

FULL NAME: _____ MAIDEN NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

GENERAL LOCATION: _____

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____

CELL PHONE: (____) _____ - _____ EMAIL ADDRESS: _____

SS#: _____ - _____ - _____ DRIVERS LIC#: _____ STATE: _____

IDENTIFY THE TYPE OF JOB YOU ARE INTERESTED IN: (check all that apply)

TYPE OF CARE

- LIVE IN
- FULL TIME
- PART TIME
- AFTER SCHOOL (one school year only)
- SUMMER(one school summer vacation only)
- TEMPORARY OR TRAVEL
- EVENING/WEEKEND (occasional)

DAYS/HOURS AVAILABLE

- MONDAY _____ - _____
- TUESDAY _____ - _____
- WEDNESDAY _____ - _____
- THURSDAY _____ - _____
- FRIDAY _____ - _____
- SATURDAY _____ - _____
- SUNDAY _____ - _____

WHEN ARE YOU AVAILABLE TO START A NEW JOB: ___/___/___

REQUESTED SALARY RANGE? (pre-tax) HOURLY? \$ _____ WEEKLY? \$ _____

ARE YOU? SINGLE MARRIED DIVORCED SEPARATED ENGAGED WIDOWED

DO YOU HAVE ANY CHILDREN? YES NO IF YES, LIST THEIR BIRTH DATES AND WHAT CHILD CARE ARRANGEMENTS YOU HAVE MADE? _____

DO YOU HAVE A CAR? YES NO YEAR/MAKE/MODEL: _____

HOW FAR ARE YOU WILLING TO TRAVEL TO WORK? _____ MILES _____ MINUTES

DO YOU SMOKE? YES NO NOT AT WORK

ARE YOU OR HAVE YOU BEEN AN ILLEGAL USER OF DRUGS? YES NO

IF YES, PLEASE EXPLAIN: _____

DO YOU AGREE TO BE DRUG TESTED AT THE REQUEST AND EXPENSE OF THE FAMILY? YES NO

DO YOU ABUSE ALCOHOL? YES NO

IF YES, PLEASE EXPLAIN: _____

CAN YOU SWIM? YES NO

ARE YOU COMFORTABLE WITH A PARENT BEING IN THE HOME WHILE YOU WORK? YES NO

DO YOU HAVE INFANT EXPERIENCE? YES NO

DO YOU LIKE PETS? YES NO IF NO, PLEASE EXPLAIN: _____

DO YOU HAVE ANY ALLERGIES? YES NO

The Nanny Network, LLC
521 E. Joppa Road, Suite 204B
Towson, MD 21286

phone (410) 321-1566
fax (410) 321-9423
<http://www.nanny-network.com>

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY CONDITION OR DISABILITY WHICH WOULD PREVENT YOU FROM FULFILLING THE DUTIES OF A NANNY? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU HAD ANY DRIVING VIOLATIONS OR ACCIDENTS IN THE PAST 3 YEARS? YES NO

IF YES, PLEASE EXPLAIN: _____

DO YOU AGREE TO PROVIDE THE FAMILY WITH A CERTIFIED COPY OF YOUR DRIVING RECORD PRIOR TO EMPLOYMENT WITH ANY CLIENT OF THE NANNY NETWORK, LLC? YES NO

IF YOU ARE NOT CURRENTLY CERTIFIED FOR INFANT/CHILD CPR, DO YOU AGREE TO OBTAIN CERTIFICATION? YES NO

HAVE YOU EVER BEEN RELEASED FROM EMPLOYMENT UNDER OTHER THAN VOLUNTARY CIRCUMSTANCES? YES NO

IF YES, PLEASE EXPLAIN: _____

I AM WILLING TO DO THE FOLLOWING: (please check the appropriate items)

- | | | |
|---|---|---|
| <input type="checkbox"/> PREPARE MEALS – FAMILY | <input type="checkbox"/> GROCERY SHOPPING | <input type="checkbox"/> LIGHT VACUUM & DUSTING |
| <input type="checkbox"/> PREPARE MEALS – CHILD | <input type="checkbox"/> CARE FOR ELDERLY | <input type="checkbox"/> KEEP KITCHEN STRAIGHTENED |
| <input type="checkbox"/> LAUNDRY – FAMILY | <input type="checkbox"/> CARE FOR PETS | <input type="checkbox"/> HELP WITH HOMEWORK |
| <input type="checkbox"/> LAUNDRY – CHILD | <input type="checkbox"/> ERRANDS | <input type="checkbox"/> DRIVE CHILDREN TO ACTIVITIES |
| <input type="checkbox"/> IRONING | <input type="checkbox"/> HOUSE SIT | <input type="checkbox"/> CARPOOLS |
| <input type="checkbox"/> CLEAN BATHROOM | <input type="checkbox"/> OTHER _____ | |

EDUCATION

WHAT IS THE HIGHEST GRADE YOU COMPLETED? _____ YEAR GRADUATED: _____

HIGH SCHOOL:(include city and state) _____

HAVE YOU ATTENDED COLLEGE? YES NO

COLLEGE: (include city and state) _____

DATES ATTENDED: _____ COMPLETED: AA/AS BA/BS

ARE YOU CURRENTLY ATTENDING SCHOOL? YES NO

IF YES, WHICH SCHOOL? (include city and state) _____

WHAT IS YOUR CLASS SCHEDULE? _____

PLEASE EXPLAIN ANY ANTICIPATED CHANGES TO YOUR SCHEDULE: _____

IDENTIFY OTHER EDUCATION, TRAINING	WHAT ARE YOUR HOBBIES/INTERESTS?

REFERENCES

LIST CURRENT OR MOST RECENT EMPLOYER FIRST. INCLUDE ALL EMPLOYMENT FOR PAST FIVE YEARS, CHILD CARE AND OTHER. USE BACK OF PAGE IF MORE ROOM IS NEEDED.

EMPLOYER NAME: _____ HOME PHONE: (____) _____ - _____
SUPERVISOR NAME: _____ WORK PHONE: (____) _____ - _____
STREET ADDRESS: _____ CELL PHONE: (____) _____ - _____
CITY: _____ STATE: _____ ZIP: _____ - _____
YOUR POSITION: _____ AGES OF CHILDREN/ELDERLY AT START: _____
DATES OF EMPLOYMENT: ____/____/____ TO ____/____/____
WHY DID YOU LEAVE?

EMPLOYER NAME: _____ HOME PHONE: (____) _____ - _____
SUPERVISOR NAME: _____ WORK PHONE: (____) _____ - _____
STREET ADDRESS: _____ CELL PHONE: (____) _____ - _____
CITY: _____ STATE: _____ ZIP: _____ - _____
YOUR POSITION: _____ AGES OF CHILDREN/ELDERLY AT START: _____
DATES OF EMPLOYMENT: ____/____/____ TO ____/____/____
WHY DID YOU LEAVE?

EMPLOYER NAME: _____ HOME PHONE: (____) _____ - _____
SUPERVISOR NAME: _____ WORK PHONE: (____) _____ - _____
STREET ADDRESS: _____ CELL PHONE: (____) _____ - _____
CITY: _____ STATE: _____ ZIP: _____ - _____
YOUR POSITION: _____ AGES OF CHILDREN/ELDERLY AT START: _____
DATES OF EMPLOYMENT: ____/____/____ TO ____/____/____
WHY DID YOU LEAVE?

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my Application unfavorably. As an inducement to refer my name to prospective employers, I authorize The Nanny Network, LLC, dba The Nanny Network, and its agents to verify any information contained in this Application and to obtain an investigative consumer report including information as to my credit history, character, general reputation, personal characteristics and mode of living. I further authorize The Nanny Network, LLC to obtain a criminal background report on me. I release all concerned from any liability in connection with any information they provide. I understand that the information obtained by The Nanny Network, LLC may be duplicated and given to any prospective employer considering hiring me, and I do hereby authorize this disclosure. I specifically request that all relevant persons and agencies fully cooperate with this investigation and provide all requested information.

Signature of Applicant

Date

Print Applicant's full name

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Towson, MD 21286

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<http://www.nanny-network.com>



Nanny Questionnaire

1. Why do you want to be a nanny? _____

2. How long can you commit to a family? _____

3. What are some activities you enjoy doing with children? _____

4. Why is a nanny important to a family? _____

5. How would you handle a young child's temper tantrum? _____

6. How would you care for a sick child? _____

7. List three (3) precautions to keep a child safe:

8. Describe your disciplinary style. _____

9. How would family and friends describe your personality? _____

10. Do you anticipate any changes in your current status that a family should be aware of? Yes No
If yes, describe: _____
11. In case of emergency, contact:
Name: _____ Home: (____) ____ - _____ Work: (____) ____ - _____
Relationship: _____ Cell: (____) ____ - _____

Nanny Signature

Date

THE NANNY NETWORK, LLC
AUTHORIZATION FOR RELEASE OF INFORMATION

Background Check Disclosure

As part of the nanny referral process, THE NANNY NETWORK, LLC (hereinafter referred to as the "Service") may obtain a consumer report and/or Investigative Consumer Report for the undersigned applicant. The Fair Credit Reporting Act as amended by the consumer Reporting Reform Act of 1996 requires that we advise you that for the purposes of employment only a Consumer Report may be obtained which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is obtained, will be provided in the event the Report contains specific information regarding your character, general reputation, personal characteristics or mode of living.

Authorization and Release

During the application process and at any time during any subsequent employment, I hereby authorize U.S. Information Search on behalf of the Service to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may include Criminal Records, Credit reports, Driving Records, Past Employment or Education Verifications and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby authorize the Service to release this report to any prospective employers. This authorization and consent shall be valid in original, fax, or copy form.

Last Name		First Name	MI	Maiden Name	
Date of Birth	Social Security Number		Drivers License Number		State
Current Street Address			City, State		Zip
If less than five 5 years at current address, list prior addresses for past five 5 years:					
Street Address			City, State		Zip
Street Address			City, State		Zip
Street Address			City, State		Zip
Applicant Printed Name			Applicant Signature		Date

THE NANNY NETWORK, LLC
REIMBURSEMENT FOR INFANT/
CHILD FIRST AID AND CPR CERTIFICATION

The undersigned prospective nanny agrees that The Nanny Network, LLC (hereinafter referred to as the "Service") may refer nannies to Employer(s) who have signed up for the Service's Gold Package (hereinafter referred to as "Gold Clients"). Such Gold Clients may require the nanny so referred to be trained and certified for Infant/Child First Aid and CPR.

In such cases, the undersigned prospective nanny agrees to pay the cost and expense of such Infant/Child First Aid and CPR training and certification.

The Service will reimburse the undersigned prospective nanny for such training and certification after the undersigned prospective nanny has been placed with the Gold Client and has provided written proof of such certification to the service. The amount of such reimbursement shall not, in any event, exceed the amount of sixty (\$60) dollars.

The undersigned prospective nanny has read, understands and agrees to this Reimbursement Policy on this _____ day of _____, 200____.

Nanny Signature

Date

THE NANNY NETWORK, LLC

NANNY AGREEMENT AND RELEASE

I hereby affirm that I have provided accurate and complete information about myself to The Nanny Network, LLC, dba The Nanny Network (hereinafter referred to as the "Service"), a company that refers caregivers to third parties for occasional temporary and/or ongoing care. I further affirm that my answers to the questions on my application are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my Application unfavorably.

I acknowledge that I am not an employee of the Service. I further acknowledge that neither the Service nor any officer, director, member, shareholder, agent or employee thereof is responsible for the conduct of any person to whom I am referred and for whom I may work.

I agree to assume any and all risks associated with accepting a position as a dependent care provider through the Service by a referral. I agree that it is within the sole discretion of the Service to decide whether it is appropriate to refer me to a specific family or families and that it is within the sole discretion of the Service to determine now or in the future that it is appropriate that our contractual relationship terminate. I agree to release the Service and its officers, directors, shareholders, members, agents and employees from all actions, causes of action, claims and demands for injuries, sickness, damages and death which may be sustained by me as a result of using the Service or the Service terminating our relationship. I further agree to indemnify and save harmless the Service and its directors, officers, shareholders, members, agents and employees from all injuries, losses, costs, damages and expenses, including reasonable attorney fees, as a result of any legal proceeding arising out of or in any way related to my use of the Service.

I further agree that I will not communicate disclose or use for the benefit of any third party any confidential information regarding the Service or any family for whom I am employed through the Service which may be communicated to me or which I may otherwise learn as a result of my use of the Service or my employment with any family referred by the Service.

I release all concerned from any liability in connection with any information they provide. I understand that the information obtained by The Nanny Network, LLC may be duplicated and given to any prospective employer considering hiring me, and I do hereby authorize this disclosure. I specifically request that all relevant persons and agencies fully cooperate with this investigation and provide all requested information.

I agree to reimburse the Service the cost of my Background Check and any other expenses incurred on my behalf if I accept a job through the Service and later decide not to start the job or am unable to start the job. I agree not to accept employment with any family introduced to me through the Service without first advising the Service. I further agree to notify the Service if the status of my employment changes (e.g., if I begin working more hours or days per week or if I extend the length of original employment agreement) with a family after having been referred to the family by the Service.

The undersigned has read, understands and agrees to the foregoing Agreement and Release and is signing same the _____ day of _____ 200_____

Nanny's Signature

Where did you hear about The Nanny Network? _____

Are you currently working with any other Services?

NO

YES; If yes, which Service(s) are you working with? _____