



**THE NANNY NETWORK, LLC  
EMPLOYER APPLICATION FOR  
CHILD/COMPANION CARE**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICATION FEE: \$ \_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

GENERAL LOCATION: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_ ) \_\_\_\_\_ HOME FAX: ( \_\_\_\_ ) \_\_\_\_\_

MOTHER OCCUPATION & PLACE OF EMPLOYMENT:

WORK PHONE: ( \_\_\_\_ ) \_\_\_\_\_ OFFICE FAX: ( \_\_\_\_ ) \_\_\_\_\_

CELL PHONE: ( \_\_\_\_ ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FATHER OCCUPATION & PLACE OF EMPLOYMENT:

WORK PHONE: ( \_\_\_\_ ) \_\_\_\_\_ OFFICE FAX: ( \_\_\_\_ ) \_\_\_\_\_

CELL PHONE: ( \_\_\_\_ ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**TELL US ABOUT YOUR CHILDREN (Please answer all applicable questions)**

CHILDREN	DATE OF BIRTH	AGE	GENDER	SCHOOL & HRS ATTENDS
1.				
2.				
3.				
4.				
5.				
6.				

DATE NANNY/COMPANION NEEDED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ THROUGH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TYPE OF CARE NEEDED**

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

**IDEAL SCHEDULE**

- MONDAY \_\_\_\_\_ - \_\_\_\_\_
- TUESDAY \_\_\_\_\_ - \_\_\_\_\_
- WEDNESDAY \_\_\_\_\_ - \_\_\_\_\_
- THURSDAY \_\_\_\_\_ - \_\_\_\_\_
- FRIDAY \_\_\_\_\_ - \_\_\_\_\_
- SATURDAY \_\_\_\_\_ - \_\_\_\_\_
- SUNDAY \_\_\_\_\_ - \_\_\_\_\_

ANTICIPATED SALARY RANGE? (pre-tax) HOURLY? \$ \_\_\_\_\_ WEEKLY? \$ \_\_\_\_\_

PAID VACATION:  YES  NO    YEAR END BONUS:  YES  NO  
MEDICAL INSURANCE:  YES  NO  
ARE YOU ABLE TO PROVIDE NANNY WITH THE USE OF A CAR?  YES  NO  
AUTOMOBILE INSURANCE:  YES  NO  
MILEAGE REIMBURSEMENT:  YES  NO    IF YES, RATE: \_\_\_\_\_

DO YOU ANTICIPATE ANY CHANGES IN YOUR FAMILY STATUS THAT WE SHOULD TELL PROSPECTIVE CANDIDATES? IF YES, DESCRIBE:

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DO YOUR CHILDREN NEED TO BE TRANSPORTED TO AND FROM SCHOOL? IF YES, DESCRIBE:

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DO YOUR CHILDREN NEED TO BE TRANSPORTED TO AND FROM ACTIVITIES? IF YES, DESCRIBE:

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DO YOUR CHILDREN ATTEND CAMP OR SPECIAL SUMMER ACTIVITIES? IF YES, DESCRIBE:

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DESCRIBE ANY SPECIAL ACADEMIC, BEHAVIOR, OR HEALTH CONCERNS:

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ARE YOUR CHILDREN POTTY TRAINED?  YES  IN TRAINING  NO  
ARE YOUR CHILDREN ON A NAP SCHEDULE?  YES  NO  
ARE YOU BREAST FEEDING?  YES  NO  
DO YOU HAVE PETS?  YES  NO    DESCRIBE: \_\_\_\_\_

WHAT ACCOMODATIONS ARE AVAILABLE FOR A LIVE-IN?

PHONE  TV  DVD  COMPUTER  VCR  CAR

DESCRIBE LIVING QUARTERS:

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ARE THERE SMOKERS IN YOUR HOUSEHOLD?  YES  NO  
CAN THE NANNY/CAREGIVER SMOKE?  YES  NO  NOT IN HOUSE/AROUND CHILDREN  
DO YOU HAVE A SWIMMING POOL?  YES  NO  
DO YOU PREFER A NANNY WHO SWIMS?  YES  NO

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IDENTIFY ANY ADDITIONAL DUTIES THE NANNY/CAREGIVER WOULD BE ASKED TO PERFORM:  
(please check the appropriate items)

- PREPARE MEALS – FAMILY
- PREPARE MEALS – CHILD
- LAUNDRY – FAMILY
- LAUNDRY – CHILD
- IRONING
- CLEAN BATHROOM

- GROCERY SHOPPING
- CARE FOR ELDERLY
- CARE FOR PETS
- ERRANDS
- HOUSE SIT

- LIGHT VACUUM & DUSTING
- KEEP KITCHEN STRAIGHTENED
- HELP WITH HOMEWORK
- DRIVE CHILDREN TO ACTIVITIES
- CARPOOLS

OTHER \_\_\_\_\_

HAVE YOU OR ANY MEMBER OF YOUR FAMILY BEEN CONVICTED OF ANY CRIMES?  YES  NO  
IF YES, EXPLAIN:

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ARE THERE FIREARMS IN THE HOME?  YES  NO IF YES, ARE THEY LOCKED UP?  YES  NO  
TELL US ABOUT YOUR PAST CHILD/COMPANION CARE ARRANGEMENTS:

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HOW DID YOU FIND YOUR CURRENT/LAST NANNY?

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WHY ARE YOU DECIDING TO CHANGE YOUR CURRENT CHILD CARE?

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DESCRIBE YOUR IDEAL NANNY/CAREGIVER:

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WOULD YOU CONSIDER HIRING A NANNY/CAREGIVER WHO BRINGS A CHILD TO WORK?  YES  
 NO

WHAT IS THE BEST TIME OF DAY FOR CANDIDATES TO CALL YOU?

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PLEASE PROVIDE A PREVIOUS CHILDCARE/COMPANION REFERENCE (NON-RELATIVE ONLY)

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

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HOW DID YOU HEAR ABOUT THE NANNY NETWORK? \_\_\_\_\_

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WHAT MADE YOU DECIDE TO ENGAGE OUR SERVICES? \_\_\_\_\_

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ARE YOU WORKING WITH ANY OTHER AGENCIES?  YES  NO

IF YES, WHICH AGENCY? \_\_\_\_\_

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WOULD YOU LIKE US TO HAVE INFORMATION FROM A PAYROLL SERVICE SENT TO YOU?  YES  NO

ADDITIONAL COMMENTS: \_\_\_\_\_

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