



AMERICAN TEMPS NANNY APPLICATION

DATE: _____

SOCIAL SECURITY #: _____

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

PERMANENT ADDRESS (if different from current):

CELL PHONE: _____

EMAIL: _____

AVAILABLE TO BEGIN WORK: _____

I AM A FULL TIME NANNY _____

I AM A PART TIME NANNY _____

I AM A FULL TIME STUDENT _____

I AM A PART TIME STUDENT _____

I AM NOT A STUDENT, I AM _____

EDUCATION:

	Name & Location of School	Years Attended	Year Graduated	Degree	Major Subjects
High School					
College					
Special Training					

EMPLOYMENT HISTORY:

Dates From: To:	Employer	Address Phone	Position Held

JOB INFORMATION:

What kind of job do you want?

_____ Part Time Employment

_____ 1-4 months _____ 4-10 months _____ open-ended

_____ Short-term, back up jobs (You call when you are available to work.)

Your experience with children:

_____ 0-3 Months _____ 4-12 Months _____ 1 Yr. - 3 Yrs. _____ 4 + Years _____ Special needs

Ages you want to work with:

_____ 0-3 Months _____ 4-12 Months _____ 1 Yr. - 3 Yrs. _____ 4 + Years _____ Special needs

_____ I have experience working with groups of children (daycare, school, etc.)

_____ I have experience as a head teacher or a group leader.

_____ I have no criminal background or unsafe driving record.

_____ I am in excellent health.

_____ I have a current valid driver's license.

_____ I have my own car.

_____ I have CPR training.

_____ I have First Aid training.

AVAILABILITY:

Days:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Available times to work:							
I am available to start work at these times:							
I need to finish work at these times:							
I can work these evenings:							

This schedule will be in effect until _____.

REFERENCES:

Please list three individuals (not your relatives) for us to contact. These should be people who have seen you work with children (babysitting, nannying, summer camp, teaching, day care or volunteer work) during the past three years.

Please Note:

If you want to work with infants, at least one of your references must be from your work with infants. If you have fewer references because you worked a long time in a single position, indicate that below.

Name _____ Ref's position _____
Address _____ City _____ State _____ Zip _____
References email address _____
Your position _____ Start Date _____ End Date _____
Comments _____

Name _____ Ref's position _____
Address _____ City _____ State _____ Zip _____
References email address _____
Your position _____ Start Date _____ End Date _____
Comments _____

Name _____ Ref's position _____
Address _____ City _____ State _____ Zip _____
References email address _____
Your position _____ Start Date _____ End Date _____
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