



NANNY/BABYSITTER APPLICATION

Please complete the entire application

PERSONAL INFORMATION

| | | | | | | |
|---|--------|---------|-----------|---------------------------|-------------------------------|----------|
| Last Name | | First | M.I. | Today's Date | If hired, when can you start? | |
| Street Address | | | | Home Telephone () | | |
| City | | State | Zip | Business Telephone () | | |
| Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Social Security Number | | |
| Provide the days and hours that you are available to work: | | | | | | |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| | | | | | | |

EMPLOYMENT EXPERIENCE

Please provide an accurate and complete record of your full-time and part-time employment record. Start with your present or most recent employer. Be sure to attach resume.

| | | | |
|----------|----------------------------------|----------------------------------|----------------------|
| 1 | Employer | Telephone () | |
| | Address | Start Date: / / | End Date: / / |
| | What Were Your Responsibilities? | Starting Salary: \$ | Ending Salary: \$ |
| | May we contact this employer? | Reason for Leaving: | |
| | | Name, Title of Supervisor, Phone | |

| | | | |
|----------|----------------------------------|----------------------------------|----------------------|
| 2 | Employer | Telephone () | |
| | Address | Start Date: / / | End Date: / / |
| | What Were Your Responsibilities? | Starting Salary: \$ | Ending Salary: \$ |
| | May we contact this employer? | Reason for Leaving: | |
| | | Name, Title of Supervisor, Phone | |

| | | | |
|----------|----------------------------------|----------------------------------|----------------------|
| 3 | Employer | Telephone () | |
| | Address | Start Date: / / | End Date: / / |
| | What Were Your Responsibilities? | Starting Salary: \$ | Ending Salary: \$ |
| | May we contact this employer? | Reason for Leaving: | |
| | | Name, Title of Supervisor, Phone | |



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REFERENCES

| | | | | |
|----------|----------------|-------|------|------------------------------|
| 1 | Last Name | First | M.I. | Relationship to you |
| | Street Address | | | Home Telephone () |
| | City | State | Zip | Business Telephone () |
| 2 | Last Name | First | M.I. | Relationship to you |
| | Street Address | | | Home Telephone () |
| | City | State | Zip | Business Telephone () |
| 3 | Last Name | First | M.I. | Relationship to you |
| | Street Address | | | Home Telephone () |
| | City | State | Zip | Business Telephone () |
| 4 | Last Name | First | M.I. | Relationship to you |
| | Street Address | | | Home Telephone () |
| | City | State | Zip | Business Telephone () |
| 5 | Last Name | First | M.I. | Relationship to you |
| | Street Address | | | Home Telephone () |
| | City | State | Zip | Business Telephone () |

EDUCATION

| Name of School | Location | Course of Study | Number of Years Completed | Did You Graduate? | Degree or Diploma Received |
|---|----------|-----------------|---------------------------|---|----------------------------|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please specify foreign language skills: | | | | Speak Fluently? | |



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TRAINING

| Name of Certifying Institution | Location | Date Attended | Certification Received | Date Certification Received |
|--------------------------------|----------|---------------|------------------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |

REFERRAL SOURCE

| | | |
|--|---|---|
| <input type="checkbox"/> Computer/Internet Listing | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Employee Name: | <input type="checkbox"/> Outside Organization Name: | |

APPLICANTS IN THE STATE OF CALIFORNIA AND MINNESOTA ONLY

Please check here to have a copy of your consumer report sent directly to the address listed in the "Personal Information" section of this application.

Signature

Date

APPLICANTS IN THE STATE OF MARYLAND ONLY

Under Maryland law, an employer may not require or demand any application for employment or prospective employment or any employ to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and is subject to a fine not to exceed \$100.00.

Signature

Date

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. Any employer who violates this law shall be subject to criminal penalties and civil liability.

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release The Stork Stops Here from all liability for any damage that may result from utilization of such information.

Signature

Date