

THE NANNY EXCHANGE

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NANNY APPLICATION

GENERAL INFORMATION		PHONE NUMBER	MOBILE NUMBER	EMAIL ADDRESS			
LAST NAME		FIRST NAME		MIDDLE NAME			
CURRENT ADDRESS				CITY			
STATE	ZIP	MAJOR CROSS STREETS			HOW LONG AT ADDRESS		
PREVIOUS ADDRESS		CITY	STATE	ZIP	HOW LONG AT ADDRESS		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	BIRTH COUNTRY	ARE YOU A U.S. CITIZEN			
PARENT(S) NAME		PARENTS PHONE NUMBER(S)		LOCAL EMERGENCY CONTACT NAME AND NUMBER			
CHILD CARE EXPERIENCE		<i>(PLEASE FILL OUT COMPLETELY AND BE DESCRIPTIVE OF DUTIES PERFORMED)</i>					
FAMILY NAME		CHILD AGES	DUTIES / ACTIVITIES PERFORMED (BE DETAILED)			DATES WATCHED	
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JOB SEEKING PREFERENCES		LIVING ARRANGEMENT	DESIRED HOURS	DATE AVAILABLE?	CAN YOU COMMIT TO A YEAR?		
DAY OF WEEK	MONDAY:	TUESDAY:	WEDNESDAY:	THURSDAY:	FRIDAY:	SATURDAY:	SUNDAY:
HOURS OPEN							
OFFICE USE ONLY BOX ☺							

REPRINT YOUR NAME:		<i>WE NEED TO CONTACT YOUR REFERENCES DURING THE DAY. THE TIME IT TAKES FOR US TO PLACE YOU WITH A FAMILY IS GREATLY INCREASED WHEN WE ARE UNABLE TO CONTACT YOUR REFERENCES. BE ACCURATE.</i>
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PHONE NUMBER	MOBILE NUMBER	Email Address
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PERSONAL REFERENCES		<i>(PLEASE FILL OUT COMPLETELY AND DO NOT USE RELATIVES)</i>			
NAME	STATE	YEARS KNOWN	RELATIONSHIP	DAYTIME NUMBER	EVENING PHONE #
NAME	STATE	YEARS KNOWN	RELATIONSHIP	DAYTIME NUMBER	EVENING PHONE #
NAME	STATE	YEARS KNOWN	RELATIONSHIP	DAYTIME NUMBER	EVENING PHONE #
NAME	STATE	YEARS KNOWN	RELATIONSHIP	DAYTIME NUMBER	EVENING PHONE #

CHILDCARE REFERENCES		<i>(PLEASE FILL OUT COMPLETELY)</i>			
NAME	STATE	DATES WORKED	CHILDREN AGES	DAYTIME NUMBER	EVENING PHONE #
NAME	STATE	DATES WORKED	CHILDREN AGES	DAYTIME NUMBER	EVENING PHONE #
NAME	STATE	DATES WORKED	CHILDREN AGES	DAYTIME NUMBER	EVENING PHONE #
NAME	STATE	DATES WORKED	CHILDREN AGES	DAYTIME NUMBER	EVENING PHONE #

WORK REFERENCES		<i>(DO NOT USE CHILDCARE WORK REFERENCES ABOVE. PLEASE FILL OUT COMPLETELY)</i>			
MOST RECENT EMPLOYER	STATE	DATES WORKED	BOSS NAME	DAYTIME NUMBER	EVENING PHONE #
EMPLOYER	STATE	DATES WORKED	BOSS NAME	DAYTIME NUMBER	EVENING PHONE #
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EMPLOYER	STATE	DATES WORKED	BOSS NAME	DAYTIME NUMBER	EVENING PHONE #

HAVE YOU EVER BEEN FIRED OR LET GO FROM A PREVIOUS POSITION?
IF YES WHICH POSITION AND WHY?

YES - NO	
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IS THERE ANY REASON FOR ANY OF YOUR REFERENCES TO GIVE YOU A BAD REPORT?
IF YES WHICH ONE(S) AND WHY?

YES - NO	
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HAVE YOU LEFT OUT ANY RECENT CHILDCARE OR WORK REFERENCES BECAUSE YOU CONSIDER THEM TO BE A BAD REFERENCE?
IF YES WHICH EXPLAIN WHY?

YES - NO	
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HOW DID YOU HEAR ABOUT THE NANNY EXCHANGE?

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LIST ANY FRIEND THAT YOU FEEL WOULD LIKE TO BECOME A NANNY (PLEASE LIST PHONE NUMBER)

NAME:	RELATIONSHIP:	PHONE #:
NAME:	RELATIONSHIP:	PHONE #:
NAME:	RELATIONSHIP:	PHONE #:

I _____ understand that the Nanny Exchange will not be charging me a fee for finding employment. The fee for my placement will be charged to the family that I am hired by. In the event the family does not pay the referral fee, I will be liable for this fee if I continue to work for the family.

 Nanny Signature _____
Date

REPRINT YOUR NAME:	
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DRIVING INFORMATION	DO YOU HAVE A VEHICLE YES - NO	VEHICLE MAKE AND MODEL	# OF SEATBELTS IN VEHICLE
TAGS & REGISTRATION CURRENT YES - NO	DRIVERS LICENSE #	STATE ISSUED	EXPIRATION DATE
AUTO INSURANCE COMPANY	POLICY NUMBER	AGENTS NAME AND PHONE NUMBER	ARE YOU COMFORTABLE DRIVING
LICENSE EVER BEEN SUSPENDED?	ANY TICKETS OR TRAFFIC ACCIDENTS (IF SO PLEASE EXPLAIN)		

EMPLOYMENT HISTORY TIMELINE	<i>(LIST FROM MOST RECENT POSITION TO OLDEST POSITION)</i>		
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EMPLOYER NAME	POSITION HELD	START DATE	END DATE
CITY	STATE	STARTING SALARY	ENDING SALARY

JOB DESCRIPTION / DUTIES HELD

REASON FOR LEAVING

EMPLOYER NAME	POSITION HELD	START DATE	END DATE
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CITY	STATE	STARTING SALARY	ENDING SALARY
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JOB DESCRIPTION / DUTIES HELD

REASON FOR LEAVING

EMPLOYER NAME	POSITION HELD	START DATE	END DATE
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CITY	STATE	STARTING SALARY	ENDING SALARY
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JOB DESCRIPTION / DUTIES HELD

REASON FOR LEAVING

EDUCATION	SCHOOL NAME AND LOCATION	SUBJECTS STUDIED	YEARS	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE				
OTHER				

DESCRIBE ANY FUTURE EDUCATION GOALS

REPRINT YOUR NAME:

MISC. QUESTIONS

(PLEASE BE AS DETAILED AS POSSIBLE)

LIST ANY SPECIAL TRAINING OR CERTIFICATIONS YOU HAVE (EXAMPLE: Child Development, CNA, Lifeguard, etc)

DO YOU CURRENTLY HAVE CPR AND STANDARD FIRST AID CERTIFICATION?

YES - NO IF YES WHEN IS THE DATE OF EXPIRATION DATE? IF NO ARE YOU WILLING TO BE CERTIFIED? YES - NO

CAN YOU SWIM? DO YOU FEEL COMFORTABLE WATCHING CHILDREN IN OR AROUND THE POOL?

YES - NO

LIST ANY SPORTS IN WHICH YOU ARE INTERESTED AND/OR CAN PARTICIPATE

LIST ANY LANGUAGES YOU SPEAK OTHER THAN ENGLISH (MARK WHETHER YOU ARE "FLUENT" OR "CONVERSATIONAL")

LIST ANY SPECIAL INTERESTS, HOBBIES YOU HAVE AND/OR ORGANIZATIONS YOU ARE INVOLVED WITH

LIST ANY SUBJECTS OR AREA OF STUDY YOU FEEL COMFORTABLE TUTORING (EXAMPLE: math, any musical instrument, foreign languages, etc)

HOW DO YOU FEEL ABOUT DISCIPLINING CHILDREN?

ARE YOU CURRENTLY MARRIED OR IN A RELATIONSHIP?

DO YOU HAVE CHILDREN OR ARE YOU PREGNANT?

CHILDRENS AGES/HOW FAR ALONG

IF YOU HAVE CHILDREN, WHO WILL CARE FOR THEM WHILE YOU ARE AT WORK?

WILL YOU BE AVAILABLE FOR OVERNIGHT OR WEEKEND CHILD CARE IF NEEDED?

WHAT RELIGION ARE YOU?

PLEASE STATE ANY FUTURE VACATIONS THAT HAVE ALREADY BEEN SCHEDULED

DO YOU HAVE ANY COMPUTER SKILLS? IF SO DESCRIBE

PLEASE CHECK TASK THAT YOU ARE WILLING AND ABLE TO DO (KEEPING IN MIND THAT THE CHILDREN ARE ALWAYS YOUR FIRST PRIORITY)

- | | | | | |
|--------------------------------------|---|-----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> CAR-POOLING | <input type="checkbox"/> GROCERY SHOPPING | <input type="checkbox"/> LAUNDRY | <input type="checkbox"/> LIGHT HOUSEKEEPING | <input type="checkbox"/> TUTORING |
| <input type="checkbox"/> ERRANDS | <input type="checkbox"/> COOKING | <input type="checkbox"/> SWEEPING | <input type="checkbox"/> DISHES | <input type="checkbox"/> PET CARE |

PERSONALITY PROFILE

(PLEASE BE AS DETAILED AS POSSIBLE)

HOW WOULD YOU DESCRIBE, IN DETAIL, THE TYPE OF PERSON YOU ARE?

WHAT DO YOU CONSIDER YOUR BEST PERSONALITY TRAITS?

WHAT DO YOU CONSIDER TO BE YOUR SIGNIFICANT PERSONALITY WEAKNESS?

PLEASE RATE YOURSELF FROM 1 TO 10 ON THE FOLLOWING WITH 10 BEING THE BEST

- ___ RESPONSIBILITY ___ LOVE FOR CHILDREN ___ ABILITY TO BE ON-TIME ___ ABILITY TO MAKE COMMON SENSE DECISIONS
 ___ HONESTY ___ MORAL VALUES ___ ORGANIZATION ___ COMMUNICATION SKILLS

CIRCLE THE NUMBER THAT SHOWS HOW YOU AGREE OR DISAGREE WITH THE FOLLOWING (1 STRONGLY AGREE - 5 STRONGLY DISAGREE)

- | | | | |
|-----------|-------------------------|-----------|---|
| 1 2 3 4 5 | I AM A PRIVATE PERSON | 1 2 3 4 5 | MY SURROUNDING MUST BE CLEAN AT ALL TIMES |
| 1 2 3 4 5 | I AM HAVE MANY INTEREST | 1 2 3 4 5 | I ENJOY PLAYING WITH CHILDREN |
| 1 2 3 4 5 | I AM A GOOD COOK | 1 2 3 4 5 | I COMPROMISE IN ORDER TO RESOLVE A DISPUTE |
| 1 2 3 4 5 | I LOVE TO LAUGH | 1 2 3 4 5 | I AM CREATIVE AND ENJOY PLANNING ACTIVITIES |
| 1 2 3 4 5 | I AM A PERFECTIONIST | 1 2 3 4 5 | I AM A GOOD LISTENER |
| 1 2 3 4 5 | I ENJOY READING | 1 2 3 4 5 | I FOLLOW DIRECTIONS WELL |
| 1 2 3 4 5 | I AM A SELF STARTER | 1 2 3 4 5 | I STAY CALM IN STRESSFUL SITUATIONS |

REPRINT YOUR NAME: _____

HEALTH RECORD	DO YOU HAVE HEALTH INSURANCE?	WHEN WAS YOUR LAST PHYSICAL?
	YES - NO	
ARE YOU CURRENTLY IN GOOD HEALTH? IF NOT EXPLAIN		
ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE? IF SO EXPLAIN		
ARE YOU CURRENTLY ON ANY MEDICATIONS? IF SO EXPLAIN		
HAVE YOU EVER FILED FOR WORKMANS COMPENSATION? IF SO EXPLAIN		
HAVE YOU EVER SUFFERED FROM ANY MENTAL OR EMOTIONAL ILLNESS? IF SO EXPLAIN		
DO YOU HAVE ANY ILLNESSES? (EXAMPLE: TUBERCULOSIS, HIV)		
HAVE YOU EVER BEEN TREATED FOR ALCOHOLISM? IF SO EXPLAIN		
HAVE YOU EVER EXPERIMENTED WITH ILLEGAL DRUGS? IF SO EXPLAIN		
HAVE YOU EVER SUFFERED FROM ANY KIND OF SUBSTANCE ABUSE? IF SO EXPLAIN		
DO YOU SMOKE? IF SO HOW OFTEN		
DO YOU CONSUME ALCOHOL? IF SO HOW OFTEN		
HAVE YOU EVER BEEN TREATED FOR A BACK DISORDER OR INJURY? IF SO EXPLAIN		
HAVE YOU EVER BEEN SEXUALLY ABUSED AS AN ADULT OR CHILD? IF SO EXPLAIN		
ARE YOU ALLERGIC OR DO YOU DISLIKE ANY PETS?		

DO YOU SUFFER FROM OR HAVE YOU EVER BEEN DIAGNOSED WITH THE FOLLOWING	YES	NO		YES	NO
DIABETES			HIGH BLOOD PRESSURE		
HERNIA			HEART DISEASE		
NERVOUS OR MENTAL DISORDERS			CHEST PAIN OR PRESSURE		
HEARING AID			RHEUMATIC FEVER OR ARTHRITIS		
BULIMIA			ANOREXIA		
EPILEPSY OR CONVULSIONS			CHRONIC COUGH OR COLD		
FAINTING OR DIZZINESS			ALLERGIES, ASTHMA, WHEEZING		
FREQUENT HEADACHES			SKIN DISEASES		
LOW BLOOD PRESSURE					
IF YOU ANSWERED YES TO ANY OF THE ABOVE PLEASE EXPLAIN					

CRIMINAL RECORD	LIST ALL STATES AND/OR COUNTRIES THAT YOU HAVE LIVED IN FOR MORE THAN ONE YEAR
HAVE YOU EVER BEEN CONVICTED OR ARRESTED FOR A CRIME? IF SO EXPLAIN	
HAVE YOU EVER RECEIVED A DUI? IF SO EXPLAIN	
ARE YOU CURRENTLY LIVING WITH ANYONE WHO HAS A CRIMINAL RECORD OR HAS BEEN ACCUSED OF A CRIME? IF SO EXPLAIN	
HAVE YOU, OR ANYONE IN YOUR FAMILY, EVER BEEN ACCUSED OF CHILD ABUSE OR SEXUAL ABUSE? IF SO EXPLAIN	

CONSENT

"I _____ HEREBY ACKNOWLEDGE THAT THE FOLLOWING FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE, AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE A FULL BACKGROUND INVESTIGATION ON ALL STATEMENTS CONTAINED HEREIN. I ALSO AUTHORIZE MY PERSONAL REFERENCES AND EMPLOYERS TO RELEASE TO THE NANNY EXCHANGE INC. ANY AND ALL PERTINENT INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT. THE NANNY EXCHANGE, INC. HAS MY PERMISSION TO RELEASE ALL INFORMATION THEY COMPARE TO MY PERSPECTIVE EMPLOYER. THE NANNY EXCHANGE, INC. IS A REFERRAL SERVICE AND IS NOT MY EMPLOYER. IT IS UP TO ME AND THE EMPLOYER TO NEGOTIATE ALL TERMS AND CONDITIONS OF EMPLOYMENT, INCLUDING COMPENSATION. THE NANNY EXCHANGE, INC. IS NOT RESPONSIBLE FOR COMPLETING ANY BACKGROUND INVESTIGATIONS OF THE PERSPECTIVE EMPLOYER. THE NANNY EXCHANGE, INC. AND ITS' OWNERS, DIRECTORS, OFFICERS, EMPLOYERS, AND AGENTS ARE NOT LIABLE FOR LOSSES, DAMAGES, COSTS, DEMANDS, SUITS, JUDGMENTS, CLAIMS, OR EXPENSES, RELATED TO THE REFERRAL. I AGREE TO HOLD THE NANNY EXCHANGE, INC. HARMLESS FROM ANY AND ALL DAMAGES OR CLAIMS RESULTING FROM ANY FALSE OR MISLEADING INFORMATION PROVIDED ON THIS APPLICATION. I HAVE NOT OMITTED ANY MATERIAL FACTS OR INFORMATION THAT MAY AFFECT MY SUITABILITY FOR EMPLOYMENT. I AGREE TO SUBMIT TO A FULL DRUG AND ALCOHOL SCREENING AS MAY BE REQUESTED BY ANY EMPLOYER OR PROSPECTIVE EMPLOYER."

Applicants Signature _____ Date _____

YOU GET LOST ON YOUR WAY TO AN INTERVIEW, WHAT DO YOU DO?

WHAT KIND OF ACTIVITIES ARE APPROPRIATE FOR A ONE-YEAR-OLD AND TWO-YEAR-OLD CHILD?

WHAT ACTIVITIES DO YOU PLAN FOR A THREE-YEAR-OLD ON A RAINY DAY?

IS IT EVER SAFE TO LEAVE A NEWBORN ON A COUCH OR CHANGING TABLE?

LIST TWO NURSERY RHYMES

IF PARENT SAYS IT'S OKAY FOR THE CHILD TO PLAY AT A NEIGHBORS HOUSE ---
WHAT WOULD YOU DO WHILE THE CHILD IS GONE?

WHAT TYPE OF BOOKS WOULD BE APPROPRIATE FOR A TODDLER?

WHAT TV SHOWS WOULD BE MOST APPROPRIATE FOR CHILDREN TO VIEW?

HOW WOULD YOU HANDLE A FIGHT OVER A TOY BETWEEN CHILDREN 2-4?

HOW WOULD YOU HANDLE A 2 YEAR OLD'S TEMPER TANTRUM?

WHAT WOULD YOU DO IF YOU ARE READY TO COME TO WORK AND YOUR AUTOMOBILE WON'T START?

WHAT WOULD YOU DO IF A CHILD REFUSES TO LISTEN TO YOU AND WANTS ONLY TO TALK TO THEIR
MOTHER/FATHER AT WORK?

HOW WOULD YOU HANDLE A SITUATION WHERE A BABY WON'T STOP CRYING?

APPROXIMATELY HOW OFTEN DOES A NEWBORN NEED TO EAT DAILY?

THE PARENTS HAVE FED THE CHILDREN BEFORE YOU GOT THERE, BUT THERE ARE STILL DIRTY DISHES
ON THE TABLE, WHAT DO YOU DO?

WHAT TYPE OF MEAL WOULD YOU PREPARE FOR A TODDLER?

YOU HAVE A 7 YEAR OLD THROWING A TEMPER TANTRUM AND HITTING HER 2 YEAR OLD SISTER,
HOW WOULD YOU HANDLE THIS SITUATION?

IF A CHILD IS INJURED AND NEEDS CRITICAL MEDICAL ASSISTANCE, WHAT STEPS YOU WOULD TAKE TO
HANDLE THE SITUATION?

What city/town and state were you born in?

List any other cities, states or countries you have lived in?

Describe in detail the area in which you were primarily raised (city, suburb...)?

Describe in detail the type of family environment you were raised in?

Mothers name, city and state, occupation:

Fathers name, city and state, occupation:

Do you still keep in contact with your parents? How often?

List any brother and sisters you have and the state(s) that they live in:

Do any of your brothers or sisters have children? (If so list their ages)

Have you ever cared for these children?

Who do you currently live with? Please list their ages and occupations.

What was the most enjoyable experience you've had while watching children?

In general, what do you enjoy most about working with children?

Why do you want to become a nanny?

Were you brought up with a nanny in your family?

What is the most important thing you are looking for in a family to work for?

Describe the ideal personality of the family that you would like to work for?

Where do you see yourself in the next two years?

What do you think is the main difference between a nanny and a babysitter?

Do you feel you can make a difference in a child's life in just a few hours? How?