

SweetPBaby

SweetPBabyCare Placement Agency

NANNY REGISTRATION FORM

Date _____

Name _____ Date of Birth _____

Social Security #: _____

Present Address _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____

QUESTIONNAIRE

Number of years experience as Nanny or Care Provider: _____

Type of Employment Desired _____

Full Time _____ Part-time _____ Live in _____ Live out _____

Date you can start: _____

Are you available to work weekends? YES NO

Are you legally able to work in the United States? YES NO

Have you ever been convicted of a crime (excluding misdemeanors)? YES NO
(If YES, give full details on a separate sheet).

Have you ever been charged with, or reported for, child abuse or neglect? YES NO
(If YES, give full details on a separate sheet).

Do you have any health conditions that would affect your ability to provide a healthy and safe environment? YES NO

Do you have a valid driver's license? YES NO
Lic.#: _____ State: _____

Do you own or have access to a vehicle? YES NO
Make of car: _____ Year: _____

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NAME: _____

Are you CPR and First Aid Certified? YES NO
If NO, are you willing to be Certified? YES NO

When was your last TB Test? _____

What were the results? _____

Do you swim? YES NO
If YES, how well: _____

Do you smoke? YES NO
If yes, can you agree not to smoke on the job? YES NO

Are you allergic to any animals? YES NO
If YES, which animals: _____

Are you taking any medications that interfere with your
mental/physical functions? YES NO

Will you do housekeeping? YES NO

Laundry? YES NO

Iron? YES NO

Will you cook for the children? YES NO

Family? YES NO

EDUCATION

Graduated High School? YES NO

College? YES NO
If YES, Major? _____

What are your hobbies? _____

How did you hear about SweetPBaby Nanny Agency? _____

If you found us through a publication, please list which one(s) and include edition.



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NAME: _____

Please add any additional information you would like to tell us about yourself.

PREVIOUS EMPLOYMENT REFERENCES:

Please list up to 4 of your previous employment, beginning with your present or most recent job.

1. Name: _____

Address: _____

Phone: _____

Dates of employment: From _____ To _____

Reason for leaving? _____

Age of children: _____

Responsibilities: _____

2. Name: _____

Address: _____

Phone: _____

Dates of employment: From _____ To _____

Reason for leaving? _____

Age of children: _____

Responsibilities: _____

3. Name: _____

Address: _____

Phone: _____

Dates of employment: From _____ To _____

Reason for leaving? _____

Age of children: _____

Responsibilities: _____

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NAME: _____

PREVIOUS EMPLOYMENT REFERENCES (Continued):

4. Name: _____

Address: _____

Phone: _____

Dates of employment: From _____ To _____

Reason for leaving? _____

Age of children: _____

Responsibilities: _____

PERSONAL REFERENCES:

Please list up to 2 people who could give us information about your character (do not include relatives).

NAME	RELATIONSHIP	PHONE
1. _____	_____	_____
2. _____	_____	_____

Please read paragraph and sign below:

All the information that I have given in this application is true in all aspects. I understand that the employer will rely on this information when hiring me. If any part of this application is found to be false concerning myself, I may be immediately dismissed without obligation on part of my employer and/or SweetPBaby Nanny Agency. I understand that SweetPBaby Nanny Agency is not liable or responsible for any or all claims, including Attorney fees and court costs, incurred by any persons arising out of my employment. I agree that I will not accept employment from such employers unless and until SweetPBaby Nanny Agency has informed me that its agency fee has been paid in full by the employer. I understand that this commitment by me is the essence of the agency's agreement to represent me.

Signature of applicant: _____ Date: _____