



NANNIES ON CALL NANNY APPLICATION

NAME _____
DATE _____
LOCATION _____
PHONE _____

BE HONEST, BE SPECIFIC, BE YOURSELF.

1. CURRENT CONTACT INFORMATION

First Name:

Middle Name:

Last Name:

Other Names:

Birth Date:

Age:

Address:

Suite

Street Number and Name

City

Province

Country

Postal Code/Zip

Home Phone:

Cell Phone:

SKYPE ID:

E-mail Address:

Text Messaging (Server):

Fax:

2. EDUCATION & TRAINING

Program of Study:

From:

To:

Institution:

City:

Province:

Diploma

Degree

Other

Program of Study:

From:

To:

Institution:

City:

Province:

Diploma

Degree

Other

Qualifications and dates completed:

Do you have current valid CPR / First Aid Certificate? Yes No

If yes, confirm expiry date:

Please provide additional educational experiences below or attach in pdf format with this document:

3. PLACEMENT PREFERENCES Please check all of the nanny positions that apply to you.

Full-Time live out (40 hours per week)

Part-Time Placement (less than 25 hours per week)

Two Part-Time hours to make Full-Time hours

After School Care (usually 3pm – 6 or 7pm)

Short Term / Summer (2 weeks – 11 months)

On Call Only

On Call and on a Placement

How many hours per week would you like to work a week? IDEALLY.

When can you begin work?

List your availability:

Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To
Sunday	From	To

If flexible please explain:

Would you be willing to commit to a position for at least one year?

Are you willing or interested in travelling with your placement?

Please indicate any required days off in the upcoming year:

Minimum GROSS Salary expectations per hour:

Please list all the neighbourhoods/areas you are available to work in:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |

4. DRIVING

Do you have a valid Driver's License? Yes No

In Canada? Yes No

If yes, Driver's License number:

How long have you been driving?

Can you drive manual transmission? Yes No

Do you have use of a car? Yes No

If yes, what year, make and model:

Are you comfortable driving children? Yes No

Do you have any previous history driving children? Yes No

Do you have a clear Driver's Abstract? Yes No

If your answer is no to any question in section 4, please provide more detail below:

5. FURTHER PLACEMENT DETAILS

Will you work in a home where one or both parents work from home? Yes No

Do you have previous experience in this type of situation? Yes No

If yes, please explain:

Do you have Special Needs childcare experience? Yes No

If yes, please explain:

What age range of children do you feel comfortable working with? Check all that apply:

0 – 6 months 6 months – 1 year 1 – 3 years 3 – 5 years 6 – 9 years 10 – 12 years 12 – 16 years

Please specify the youngest age you have cared for and describe the experience:

Would you do light housekeeping? Yes No

Will you cook for the children? Yes No

Would you work in a home with pets? Yes No

Do you swim? Yes No

Do you speak any other languages? Yes No

If yes, please specify language, level and any certifications:

Language

Level

Certification Name

1.

2.

3.

4.

Do you have any special skills you would be willing to share or teach?

List your hobbies, interests and activities:

6. PERSONAL INFORMATION

Have you ever been convicted of a criminal offense? Yes No

If yes, please provide details:

Please check applicable box: Canadian Citizen Open Work Permit Permanent Resident Working Holiday Visa Other

If not a Canadian Citizen, please provide the country of citizenship:

If applicable, please specify the expiration date of your visa:

If your visa expires within the next 12 months do you intend to re-apply? Please explain:

Are you currently employed? Yes No

If yes, where?

Current hours:

Have you given notice?

7. HEALTH INFORMATION

Do you smoke? Yes No

Do you have any allergies? Yes No

If yes, please explain:

How would you describe your health / fitness level? fair good great excellent

How many sick days did you take last year? 1 – 3 days 4 – 10 days 10 – 20 days More than 20

Do you take medication that would affect work with children? Yes No

If yes, please explain:

Do you have any physical restrictions, impairments or illnesses that would affect work with children? Yes No

If yes, please explain:

Are you currently under a physicians care on a more than regular basis? Yes No

Is there any thing else that we should know, or that you would like to share?

How did you hear about Nannies on Call?

Please note: It is necessary that your full name appear in the "Subject" line of all e-mail correspondences.



Nanny's Name*

Date

NOTE: If you have additional notes, make them on page 9 before you hit the submit button.

*In submitting this file electronically you are certifying that the information supplied in this document is true and accurate. Nannies on Call has your permission to use this information at their discretion. You understand that the agency cannot be responsible for any loss, damage, delay, clash of personalities or for any other circumstances that may arise beyond its control and which should be resolved between the employer and employee. You agree to inform the agency if you are requested by the employer to return at a later date or if your name is passed on to friends or acquaintances of the employer. You will be asked at your interview to sign this with a Nannies on Call witness present.

ADDITIONAL NOTES