



NANNY APPLICATION

Gift of Time Ohio is a placement agency that will help you find the best position based on your experience, the area you live in, and your salary range as well as other information you provide. *We do not require a fee from our Nannies, but do ask that you keep in touch with us on a regular basis throughout the job search process.*

Please note Gift of Time Ohio requirements to become a Registered Nanny: at least 18 years old, high school graduate, minimum of two years of child care experience (outside of your own family) and able to make a minimum of a one year commitment to a full or part time position (not required for temporary Nannies). This application form is intended for use in evaluating your qualifications for employment with families. This is not an employment contract.

By law, you are not required to fill out section IV on this application.

Your future employer will be receiving this information. *This is your opportunity to make a great first impression!* Please be sure to check for spelling, grammar, and punctuation. For reproduction purposes, please fill out your application in black or blue ink.

The first two pages of this document will be for Gift of Time Ohio office use. They will be used to help match you with the *right* family and will not be shared with potential employers.

Full Name: _____

Date of Application: _____

How did you hear about Gift of Time Ohio Nannies? _____

Do you agree to fulfill a one-year commitment with a family? Yes No Temporary only

What position are you applying for? Nanny Mother's Helper Household Manager

Are you look for: Live-in Live-out Full-time Part-time Temporary

Minimum and maximum number of hours you will work per week: _____

Please list the longest commitment you can make to the right family: _____

Geographic areas preferred? _____

Age of children preferred (please check all that apply):

Infants Toddlers Pre-school aged School aged Young adult's All ages

Number of children preferred? _____

SECTION 1 - GENERAL INFORMATION

First Name: _____ Last Name: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Current Address: _____

City: _____ State: _____ Zip: _____

What are your closest cross streets? _____

**SECTION II – EMPLOYMENT HISTORY/REFERENCES
CHILD CARE RELATED**

1) Employer: _____ Supervisor: _____

Daytime Phone Number: _____

Starting and Ending Dates: _____ Full time ___ Part time

Salary when you started: _____ Salary when you left: _____

Title and duties? _____

Ages of children when you started? _____

Why did you leave/looking to leave? _____

2) Employer: _____ Supervisor: _____

Daytime Phone Number: _____

Starting and Ending Dates: _____ Full time ___ Part time

Salary when you started: _____ Salary when you left: _____

Title and duties? _____

Ages of children when you started? _____

Why did you leave/looking to leave? _____

3) Employer: _____ Supervisor: _____

Daytime Phone Number: _____

Starting and Ending Dates: _____ Full time ___ Part time

Salary when you started: _____ Salary when you left: _____

Title and duties? _____

Ages of children when you started? _____

Why did you leave/looking to leave? _____

4) Employer: _____ Supervisor: _____

Daytime Phone Number: _____

Starting and Ending Dates: _____ Full time ___ Part time

Salary when you started: _____ Salary when you left: _____

Title and duties? _____

Ages of children when you started? _____

Why did you leave/looking to leave? _____

5) Employer: _____ Supervisor: _____

Daytime Phone Number: _____

Starting and Ending Dates: _____ Full time ___ Part time

Salary when you started: _____ Salary when you left: _____

Title and duties? _____

Ages of children when you started? _____

Why did you leave/looking to leave? _____

Explain any significant gaps in employment in the last five years: _____

How would you rate your level of flexibility in a Nanny position (re: duties and hours):

I am not flexible I am flexible to a point I am very flexible and can go with the flow

Are you willing to do light housekeeping related to the children and their needs? Yes No

How would you describe your housekeeping standards?

A slob Average Neat & Orderly Meticulous

Are you willing to prepare meals for the family and/or help with meal preparation? Yes No

Are you willing to work in a home with pets? Yes No I am allergic to: _____

Can you swim? Yes No Please rate your ability (from 1-10): _____

Are you willing to undergo a complete physical that may include a drug and/or aids test? Yes No

Are you willing to work in a home where someone smokes? Yes No

Are you a smoker? Yes No

Please circle the top SIX characteristics that describe you best:

- | | | | |
|--------------|-------------|-----------------|----------------|
| RESERVED | ATHLETIC | OPEN-MINDED | MUSICAL |
| CREATIVE | DIRECT | POLITICAL | SPIRITUAL |
| ACCOMODATING | INTELLIGENT | ADVENTUROUS | CALM |
| HIGH ENERGY | FLEXIBLE | ENTHUSIASTIC | AVOID CONFLICT |
| HAPPY | RELIGIOUS | PATIENT | OTHER: |
| NUTURING | ORGANIZED | AFFECTIONATE | _____ |
| FRIENDLY | OUTGOING | EMOTIONAL | _____ |
| CONFIDENT | STRICT | DETAIL ORIENTED | _____ |

Why do you want to be a Nanny? _____

What are your future goals? _____

PERSONAL REFERENCES

List two personal references which are not related to you and that you have known at least three years. Please note these references must be different than those listed in Child Care.

1) Name: _____ Phone: _____

Relationship and number of years known: _____

2) Name: _____ Phone: _____

Relationship and number of years known: _____

SECTION III –JOB INFORMATION

Date you can start: _____

Are you looking for: Live-in Live-out Full-time Part-time Temporary

Monthly salary range for Full-time? _____

Hourly range for Part-time? _____

If Part-time, what is your availability? _____

What benefits are you looking for? _____

Please list any outside commitments that we need to work around (classes, job, church): _____

Do you have a car that you will bring to work? Yes No

If yes, list year and model of car: _____

Can you drive stick shift? Yes No

Driver's license number: _____ State: _____

Have you had any driving tickets or accidents since you were first issued a driver's license? Yes No

If yes, list dates and please explain: _____

Has your license ever been suspended or revoked? Yes No

If yes, please explain: _____

Have you ever been charged with or convicted of a crime? Yes No

If yes, please explain: _____

Are you willing to work occasional overnights? Yes No

Are you willing work occasional weekends? Yes No

Are you willing to work occasional evenings? Yes No

Are you willing to travel with the family you work for? Yes No

SECTION IV – PERSONAL INFORMATION

Marital status: Married Widowed Divorced Single

If you are or have been married, please list dates: _____

Do you have any children? Yes No Ages: _____

Please list any languages, other than English that you speak fluently: _____

Do you have any special skills or abilities? _____

SECTION V – EDUCATION INFORMATION

Name and Location of High School: _____

Did you graduate? Yes No If yes, year of graduation: _____

Did you attend college? Yes No Still Attending

Name of College/University? _____

Did you graduate? Yes No Still Attending

Major/minor: _____

Childcare related courses: _____

Other educational classes/licenses: _____

Are you certified in CPR? Yes No **First Aid?** Yes No **TB Test?** Yes No

If yes, list the most recent date of certification? _____

If no, are you willing to get certified/re-certified? Yes No **Take TB Test?** Yes No

SECTION VI – QUESTIONNAIRE

1. Describe your strengths and why you would make a good Nanny:_____

2. Please describe what you have learned from your previous childcare positions:_____

3. What type of relationship do you feel there should be between you, your employer and the Children in your care? _____

4. What do you feel is important to the growth and development of a child?_____

5. What do you feel is the best method of discipline for a child(ren) in your care?_____

6. Please list three activities you would plan for EACH of the following age groups:

Infant: _____

Toddler: _____

Preschooler: _____

School Aged: _____

GIFT OF TIME OHIO

P. O. Box 866 Grove City, OH 43123 Phone: (614) 875-2100 Fax: (614) 875-2270

APPLICANT: Complete the following information as accurately as possible; this gives us permission to do a background check once you have been offered a position.

LAST: _____ FIRST: _____ MI: _____

SSN: _____ D.L.#: _____ State: _____

Birth Date: _____ Phone: _____

Previous names (maiden/marriage etc.): _____

Previous addresses: (list past seven years beginning with the current address, include city, state, zip code and dates of residence. Attach an additional sheet, if necessary.)

1.. _____ Dates: _____

2.. _____ Dates: _____

3.. _____ Dates: _____

4.. _____ Dates: _____

How long has applicant lived in Ohio? _____

Has the applicant ever been convicted of a crime, excluding minor traffic violations? _____

If yes, please provide details including date, location and nature of crime(s). _____

Signature: _____

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Permission for Release of Records

Record information available at Driver License offices

I hereby authorize the release of records maintained by the Ohio Department of Revenue, Motor Vehicle Division pursuant to the Driver's Privacy Protection Act (18 USC2721).

APPLICANT: Please fill out the top box: this gives us permission to do a DMV check once you have been offered a position.

Printed Name: _____
Signature: _____ Date: _____
Date of Birth: _____ License Number: _____
Purpose for which records are released: Employment

Requestor's Name: <u>John and Sherylann Baedaro</u>
Company: <u>Gift of Time Ohio Premier Concierge LLC</u>
Address: <u>P. O. Box 866</u>
City: <u>Grove City</u> State: <u>OH</u> Zip: <u>43123</u>
Signature of Requestor: _____ Date: _____