

Iowa Elite Nanny Application

We understand our application is long but in order to ensure our nannies are trustworthy and qualified we must cover areas of concern. Please be honest and keep this in mind as you fill out our application. Thanks!

Name: _____ Date: _____ Referred by: _____

Address: _____

City: _____ State: _____ Zip: _____

How long at this address: _____ (if less than 2 years please enter Previous Address below)

Previous Address:

Cell phone: _____

Email: _____

Driver license number: _____ State issued: _____

Social Security Number: _____ Birthday: _____

Are you comfortable transporting children in a vehicle? Yes No

Do you require a vehicle to be provided? Yes No

Do you own a car? Yes No Make and Model: _____

Are you open to using your car for travel with the kids? Yes No

Do you have insurance? Yes No

Have you been involved in any motor vehicle accidents or received a ticket?

If so please explain and list the date of occurrence.

Job Preferences

What is your desired weekly salary? \$

(Please circle preference) Gross (before taxes) Net (after taxes)

What is your desired hourly salary? \$

(Please circle preference) Gross (before taxes) Net (after taxes)

Please circle your preference below

Live-in Live-out Full-time Part-time Temporary Weekends

Other (Please specify) _____

Are you flexible on days and hours? (Please circle preference)

Very flexible Somewhat flexible Not flexible

How long do you want to work in this position? (Please circle preference)

6 months 1 year 2 years 3 or more years

Type of Job Applying For:

Sitter Nanny Nanny/Housekeeper Nanny/Household Manager

Please circle the weekly duties you are willing to do:

Light housekeeping, Heavy housekeeping, Children's Laundry, Grocery Shopping,

Meal Planning, Cooking: for kids or for family, Driving, Neighborhood carpool to activities or

school, Errands, Doctor Appointments

Are you willing to travel with the family? Yes No

Do you smoke? Yes No

Do you drink alcohol? Yes No Occasionally

What is your primary language?

Other languages spoken?

Pets

Is working in a house with pets okay? Yes No

Are you allergic to dogs? Yes No Cats? Yes No

Are you willing to (check all that apply):

Care for the family pet Vet appointments Walks

Education

High school attended? _____

Did you graduate? Yes No

What year? _____

College attended: _____

DEGREE: _____

Year Graduated? _____

Child related courses taken in college:

Extracurricular activities in college? _____

Hobbies and interests

What do you do in your free time? _____

Religion: _____

Do you have any other skills (dance, music, crafts, sports, etc.) that relate to children's activities?

Describe where you would like to be in five years? _____

What do you like most about being a nanny?

Anything you like the least? _____

What is your ideal relationship between the parents and you? _____

Medical/Mental Health Information

In order to assure safe child care we must know about medical and psychiatric conditions that could affect your ability to perform the job.

Are presently suffering from any communicable disease that could be transmitted to a child you are caring for? Yes No

If yes please describe: _____

Are presently taking any medications prescribed or not, that affect your judgment, coordination, levels of alertness and ability to respond in an emergency? Yes No

Do you have a physical condition that might impair or prevent your ability to perform any reasonably physical act normally required in the care or protection of children?

First Aid and CPR

Do you have current CPR certification? Yes No Certification Date: _____

Do you have current First-aid certification? Yes No Certification Date: _____

Can you swim? Yes No

Are you a certified lifeguard? Yes No

Childcare

How many years of childcare experience do you have?

What ages of children do you prefer to work with?

Why?

Maximum number of children you are willing to care for?

Do you have experience working for families with multiples? Yes No

Would you care for twins? Yes No Triplets? Yes No

Will you work with children that have special needs? Yes No

Please circle the family situations you would like to work in:

Parents working outside of the home At-home parent

Are you most comfortable in a position where you direct the children's daily schedule or a position where the parents leave a specific schedule for you to implement?

Previous Nanny Experience

List previous employers with most recent first:

Employer #1

Parent's name: _____

Mother's Occupation: _____ Father's Occupation: _____

Mother's Phone: _____ Father's Phone: _____

Home Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

How did you find this job? _____

Date job started: _____ ended: _____

Salary: \$ _____ Gross Net Per hour Per week

Live-in Live-out Full-time Part-time

Days and hours of job: _____

Children:

1. Male Female Beginning age: _____ Final age: _____

2. Male Female Beginning age: _____ Final age: _____

3. Male Female Beginning age: _____ Final age: _____

4. Male Female Beginning age: _____ Final age: _____

Please circle Responsibilities: Light Housekeeping Heavy housekeeping Cooking Driving kids
Errands Homework Dr. Appointments Swim lessons Other:

Likes and dislikes: _____

Reason for leaving: _____

What was a typical day in your previous position?

Employer #2

Parent's name: _____

Mother's Occupation: _____ Father's Occupation: _____

Mother's Phone: _____ Father's Phone: _____

Home Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

How did you find this job? _____

Date job started: _____ ended: _____

Salary: \$ _____ Gross Net Per hour Per week
Live-in Live-out Full-time Part-time

Days and hours of job: _____

Children:

1. Male Female	Beginning age: _____	Final age: _____
2. Male Female	Beginning age: _____	Final age: _____
3. Male Female	Beginning age: _____	Final age: _____
4. Male Female	Beginning age: _____	Final age: _____

Please circle Responsibilities: Light Housekeeping Heavy housekeeping Cooking Driving kids

Errands Homework Dr. Appointments Swim lessons Other:

Likes and dislikes: _____

Reason for leaving _____

What was a typical day in your previous position?

Employer #3

Parent's name: _____

Mother's Occupation: _____ Father's Occupation: _____

Mother's Phone: _____ Father's Phone: _____

Home Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

How did you find this job? _____

Date job started: _____ ended: _____

Salary: \$ _____ Gross Net Per hour Per week
Live-in Live-out Full-time Part-time

Days and hours of job: _____

Children:

1. Male Female	Beginning age: _____	Final age: _____
2. Male Female	Beginning age: _____	Final age: _____
3. Male Female	Beginning age: _____	Final age: _____
4. Male Female	Beginning age: _____	Final age: _____

Please circle Responsibilities: Light Housekeeping Heavy housekeeping Cooking Driving kids

Errands Homework Dr. Appointments Swim lessons Other:

Likes and dislikes: _____

Reason for leaving _____

What was a typical day in your previous position?

Have you held any jobs not listed above?

If yes please fill out the extra form after the application

All most done! Please take time to answer how you would handle the following situations:

You are grocery shopping and the two year old you are watching decides to throw a huge fit on the floor because you wouldn't buy him candy. How do you handle this?

You just picked up a child from school and he refused to do his homework before dinner. If his parents ask that it be done before they come home from work, how do you handle this?

At the park, with three little kids that you watch age 10, 5, 1. The 5 year old decided to not listen to you and climbed too high and fell. You are pretty sure he broke his arm. How do you handle this?

Thank you for answering those questions! We want to make sure our nannies can protect and care for our families properly. This gives us a good idea in how you handle things under pressure which will happen on a daily basis as a nanny!

Personal References

Please list three personal references (cannot be family)

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Emergency Contact Information

Who do we call in an emergency?

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

I hereby certify that the information contained herein is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Thank you for taking the time to fill out our application! We will look things over and be in touch soon.

Midwest Elite Nannies

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