



## NANNY APPLICATION

DATE: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 \_\_\_\_\_ BEST TIME TO CALL: \_\_\_\_\_  
 PERMANENT ADDRESS: \_\_\_\_\_ PERMANENT PHONE: \_\_\_\_\_  
 \_\_\_\_\_ LIVE IN \_\_\_\_\_ LIVE OUT \_\_\_\_\_  
 WEEKLY SALARY DESIRED: (Gross) \_\_\_\_\_ AVAILABLE TO BEGIN WORK: \_\_\_\_\_  
 HOW DID YOU HEAR OF AMERICAN NANNY COMPANY? \_\_\_\_\_

WHERE WOULD YOU LIKE TO BE PLACED? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### EDUCATION:

	Name & Location of School	Years Attended	Year Graduated	Degree	Major Subjects
High School					
College					
Special Training					

### EMPLOYMENT HISTORY:

Dates From: To:	Employer	Address Phone	Postion Held

P.O. Box 765  
 Newtonville Branch  
 Boston, MA 02160-0007  
 800-262-8771 • 617-244-5154 • FAX 617-969-1269  
 email: [american-nanny@mediaone.net](mailto:american-nanny@mediaone.net) • <http://www.american-nanny.com>

What age child do you most enjoy working with? \_\_\_\_\_ Least enjoy? \_\_\_\_\_

What activities do you enjoy doing with children? \_\_\_\_\_

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What is your style of communication with children? \_\_\_\_\_

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What are your reasons for wanting to work with children at this time in your life? \_\_\_\_\_

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What are your special interests and hobbies? \_\_\_\_\_

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What are your future plans? \_\_\_\_\_

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REFERENCES: Please list four names, make sure that at least two relate to your child care experience, other than relatives.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>OCCUPATION</u>
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**CHILD CARE EXPERIENCE:** Please list your formal and informal child care experiences.

1. Name of Organization or Family:

Address and Phone Number:

Position Held:

Actual Responsibilities

Dates Worked:

Ages of Children:

Feelings About Job:

Person to Contact:

2. Name of Organization or Family:

Address and Phone Number:

Position Held:

Actual Responsibilities

Dates Worked:

Ages of Children:

Feelings About Job:

Person to Contact:

3. Name of Organization or Family:

Address and Phone Number:

Position Held:

Actual Responsibilities

Dates Worked:

Ages of Children:

Feelings About Job:

Person to Contact:

4. Name of Organization or Family:

Address and Phone Number:

Position Held:

Actual Responsibilities

Dates Worked:

Ages of Children:

Feelings About Job:

Person to Contact:

5. Name of Organization or Family:

Address and Phone Number:

Position Held:

Actual Responsibilities

Dates Worked:

Ages of Children:

Feelings About Job:

Person to Contact:

MEDICAL INFORMATION

How would you rate your overall health?

_____	EXCELLENT	_____	GOOD
_____	FAIR	_____	POOR

What is your Height? \_\_\_\_\_ Weight? \_\_\_\_\_

When was your most recent medical check-up? \_\_\_\_\_

Do you smoke? \_\_\_\_ YES \_\_\_\_ NO

Are you allergic to cats? \_\_\_\_ YES \_\_\_\_ NO Allergic to dogs? \_\_\_\_ YES \_\_\_\_ NO

Now or in the past, have you consulted a physician for any of the following:

- |   |       |     |       |    |
|---|-------|-----|-------|----|
| Regular use of any prescribed drug  | _____ | YES | _____ | NO |
| Fainting spells or dizziness  | _____ | YES | _____ | NO |
| Allergies or asthma   | _____ | YES | _____ | NO |
| Frequent colds or flu   | _____ | YES | _____ | NO |
| Anemia, mononucleosis or hepatitis  | _____ | YES | _____ | NO |
| Anorexia nervosa and/or bulimia   | _____ | YES | _____ | NO |
| Backaches, back or neck injuries  | _____ | YES | _____ | NO |
| Depression, nervous conditions or other mental disorders  | _____ | YES | _____ | NO |
| Venereal Disease or A.I.D.S.  | _____ | YES | _____ | NO |
| Alcoholism or drug dependency   | _____ | YES | _____ | NO |
| Diabetes  | _____ | YES | _____ | NO |
| Skin rashes or other skin problems  | _____ | YES | _____ | NO |
| Any disabilities which would interfere with your capacity to perform certain activities or duties | _____ | YES | _____ | NO |

Please explain the circumstances of any YES answers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My physician is: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Do we have your permission to contact your physician/hospital, if necessary? \_\_\_\_ YES \_\_\_\_ NO

Signature \_\_\_\_\_

Do you have a driver's license?  YES  NO License # \_\_\_\_\_

Can you operate a stick-shift car?  YES  NO

Do you own a car?  YES  NO Will you bring a car with you?  YES  
 NO

Type of car \_\_\_\_\_ Year \_\_\_\_\_

Do you swim?  YES  NO Life-Saving Training  YES  NO

Train in CPR  YES  NO First Aid Training  YES  NO

Aside from parking tickets, have you ever been arrested or convicted of a felony or misdemeanor?  YES  NO

On a scale of 1 to 10 (10 being highest), please rate the following as honestly as possible:

Ability to be a self-starter	_____	Control of temper	_____
Sense of Humor	_____	Ability to follow directions	_____
Patience	_____	Honesty	_____
Common sense	_____	Neatness	_____
Ability to make friends	_____	Maturity	_____
Ability to speak up when something bothers you	_____		

What is the nearest major airport? \_\_\_\_\_

Person to call in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Please send the completed form to: AMERICAN NANNY COMPANY  
P.O. Box 765  
Newtonville Branch  
Boston, MA 02160-0007

Please include the following:

1. A recent photo
2. An autobiographical letter describing your family, personality, values and goals, and experiences with children and child care philosophies
3. Optional (but helpful) two or three written recommendations.
4. Your medical release/TB test
5. Letter from local police certifying non-criminal background
6. A copy of your driving record from your Registry of Motor Vehicles



## MEDICAL EXAMINATION FORM

Please have your physician complete this form. Return completed form to our office.

This is to certify that I have examined \_\_\_\_\_, nanny candidate, and find no conditions that would interfere with her/his ability to perform the duties of nanny with the exception of the following:

Date Mantoux given: \_\_\_\_\_  
Date Mantoux read: \_\_\_\_\_  
Results: \_\_\_\_\_

I further find no indication of any condition which could present a possible hazard to the health of the children and/or other family members.

Physician's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

Date: \_\_\_\_\_  
Signature of physician: \_\_\_\_\_

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email: [american-nanny@mediaone.net](mailto:american-nanny@mediaone.net) • <http://www.american-nanny.com>

Graham/Sheehan Security Services, Inc.  
19 Rushmore Street  
Brighton, MA 02135

Telephone: (617) 787-2262

Fax: (617) 787-2369

• INFORMATION VERIFICATION/RELEASE •

Employee/Applicant Name: \_\_\_\_\_

DOB: \_\_\_\_\_ POB: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address:

(Street No. and Name) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Operator's Driving License # And State \_\_\_\_\_

Screening Requested:

Criminal       Credit       Employment       Education  
OTHER:       Professional Licensing       Driving  
 Workers Compensation       Residence       SSN Verification

**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, born at \_\_\_\_\_ on \_\_\_\_\_, having filed an application for employment  
(name) (City, State, Country) (Date)  
in the position of \_\_\_\_\_ at \_\_\_\_\_, hereby apply for a background report and consent to  
(Title) (Company)

have an investigation made as to my character, professional reputation and fitness for the position I have applied for and such other information as may be received, all of which will be reported only to \_\_\_\_\_.  
(Company)

I hereby agree to give any further information which may be required concerning my past record. I understand that the contents of my background report are confidential.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court, association or institution having control of any documents, records or other information pertaining to me, to furnish to Graham/Sheehan Security Services, Inc. any such information, including documents, records and files, whether formal or informal, pending or closed, or any other pertinent data; and to permit Graham/Sheehan Security Services, Inc. or any of its agents or representatives to inspect and make copies of such documents, records, files or other information.

I authorize the National Personnel Records Center, in St. Louis, MO, or other custodian of my military record, if applicable, to release to Graham/Sheehan Security Services, Inc. information or photocopies from my military personnel and related medical records. This could include a copy of my DD Form 214, Report of Separation.

I hereby release, discharge and exonerate Graham/Sheehan Security Services, Inc., its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, files and other information or the investigation made by Graham/Sheehan Security Services, Inc.

I have read the foregoing document and I have answered all questions with respect to my application for a background report fully and frankly. The answers are complete and true of my own knowledge and I affix my signature hereto freely and voluntarily.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Witness Signature