For use by Nanny Employers:
NOT FOR USE BY PLACEMENT AGENCIES

Nanny Employment Application

International Nanny Association
nanny.org
info@nanny.org
888.878.1477

Compliance with state and local "Ban the Box" laws is entirely the responsibility of the user. This template is provided "as is" and INA assumes no liability for its use, and provides without any representations or warranties, express or implied.

PERSONAL INFORMATION

Name (First, Middle, Last)

Date

Mailing Address (Include Apartment Number)

City

State

Zip Code

Email Address

Mobile Phone

Evening Phone

Fax Number

Available Starting Date

Hours Available To Work

Days Available To Work

Desired Salary Range

18 years of age or older? ○ Yes ○ No

Do you smoke? ○ Yes ○ No

If No, do you object to smoking? ○ Yes ○ No

Are you legally eligible to work in the U.S.? ○ Yes ○ No

Do you have a driver's license? ○ Yes ○ No

Since When?

List State and License Number

Have you ever had a moving or driving related violation or traffic accident? ○ Yes ○ No

If yes, list specifics.

Have you ever been the subject of a substantiated complaint of child or sexual abuse? ○ Yes ○ No

If yes, please explain.

Are you certified in First Aid? ○ Yes ○ No

Are you certified in CPR? ○ Yes ○ No

Are you certified in lifesaving? ○ Yes ○ No

Do you swim? ○ Yes ○ No

Are you willing to become certified in these programs? ○ Yes ○ No

If no, please list which programs you are NOT willing to become certified in.

Are you comfortable caring for children when they are mildly ill? ○ Yes ○ No

Do you need health insurance? ○ Yes ○ No

Please list any pets you would NOT be comfortable being around/living with.

LIVE-IN APPLICANTS ONLY

Have you ever lived away from home before? ○ Yes ○ No

If yes, how far away (in hours or miles), for how long, and when?

Do you plan on bringing a vehicle? ○ Yes ○ No

If yes, please list year, make and model.

Do you do your own laundry? ○ Yes ○ No

Have you ever had a checking account? ○ Yes ○ No

Do you have cooking skills? ○ Yes ○ No

Have you ever been responsible for the payment of your own living expenses? ○ Yes ○ No

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MEDICAL INFORMATION

Do you have any medical condition that could affect your ability to care for children? ◯ Yes ◯ No

If yes, please explain.

For each of the following, please indicate if you are willing to submit to, at no expense to you.

Physical Examination ◯ Yes ◯ No

Drug Screening ◯ Yes ◯ No

T.B.Test ◯ Yes ◯ No

HIV Test ◯ Yes ◯ No

Have you been immunized against the common childhood diseases? ◯ Yes ◯ No

If no, which ones have you NOT been immunized against?

Do you have any diet restrictions? ◯ Yes ◯ No

If yes, please explain.

Are you agreeable to receiving an annual "flu shot"? ◯ Yes ◯ No

If no, please explain.

Have received the Tdap vaccine or a Td booster within the last 10 years? ◯ Yes ◯ No

If no, please explain.

EDUCATIONAL BACKGROUND

Do you have a high school diploma/GED? ◯ Yes ◯ No

Please list name of high school.

Please list name of college (If attended)

Dates attended

Major

Degree/Certificate Received

Phone Number

Please list any other special training, credentials or certificates you would like us to be aware of.

EMPLOYMENT HISTORY

Current Employer (If a company, full company name)

Supervisor's Name

Phone Number (If different)

Employer's Full Mailing Address

City

State

Zip Code

Employer's Telephone Number

Position You Held

Employed Since

Ending Salary

Reason For Leaving

May we contact? ◯ Yes ◯ No

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LIST ALL CHILDCARE REFERENCES FOR THE PAST FIVE YEARS

Company/Family Name | Date Employed From | Date Employed To

Employer's Full Mailing Address | City | State | Zip Code

Employer's Telephone Number | Position You Held | Ending Salary | May we contact? ○ Yes ○ No

Reason For Leaving

Describe Your Responsibilities In Detail

Company/Family Name | Date Employed From | Date Employed To

Employer's Full Mailing Address | City | State | Zip Code

Employer's Telephone Number | Position You Held | Ending Salary | May we contact? ○ Yes ○ No

Reason For Leaving

Describe Your Responsibilities In Detail

Company/Family Name | Date Employed From | Date Employed To

Employer's Full Mailing Address | City | State | Zip Code

Employer's Telephone Number | Position You Held | Ending Salary | May we contact? ○ Yes ○ No

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REFERENCE 1

Personal, Character or Professional

Name (First, Middle, Last)

Relationship

Phone Number

Length Of Time Known

REFERENCE 2

Personal, Character or Professional

Name (First, Middle, Last)

Relationship

Phone Number

Length Of Time Known

CHILDCARE BACKGROUND

Youngest Child Cared For (Age)

Oldest Child Cared For (Age)

Ages Most Experience With

Ages Least Experience With

Did you care for your siblings?

○ Yes ○ No

Age you started caring for children.

Have you had experience working with special needs children?

○ Yes ○ No

If yes, please explain.

Have you had to handle an emergency of any kind?

○ Yes ○ No

If yes, please explain.

I CERTIFY THAT I HAVE ANSWERED ALL THE QUESTIONS ON THIS APPLICATION ACCURATELY AND TO THE BEST OF MY KNOWLEDGE. I HAVE NOT WITHHELD ANY INFORMATION WHICH WOULD CAUSE THE INFORMATION GIVEN ABOVE TO BE MISLEADING. IN THE EVENT OF MY EMPLOYMENT AS A RESULT, IN FULL OR IN PART, FROM THE INFORMATION CONTAINED ON THIS APPLICATION, I UNDERSTAND THAT ANY INACCURATE OR MISLEADING INFORMATION IS GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT.

Signature of Applicant

Date

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About INA

INA is a volunteer, not for profit educational association that is committed to providing information, education and guidance to the public and to industry professionals. We look to people like you, who are interested in the professionalism of the in-home child care industry, to partner with us and support our efforts.

JOIN US

For more information on joining INA, please visit our member benefits page on the INA website, www.nanny.org.

If you have questions or comments about INA, please contact us by phone at 888.878.1477 or by email at admin@nanny.org.

Membership is open to:

Nannies and all other in-home child care providers

Nanny Employers

Nanny Placement Agencies and Staff

Industry Service Providers

Individuals who support the in-home child care industry

Industry Educators

INA Weekly Blog

Each week, INA distributes fresh ideas and valuable resources for Nannies and Agencies via email. Topics include business solutions for effective agency management, innovations in recruitment and family-client communications, and more. Subscribe here.

INA Annual Conference

Each year, INA holds an industry conference attended by agencies, nannies and related business partners from around the world. This three-day event features speakers and workshops that help INA members improve business performance, connect with the nanny community, and address challenges and opportunities across a range of issues. Learn more about this year's INA Annual Conference, including our workshop agenda, keynote speakers, costs and dates.