Child Care Professionals

Application Form

Please be thorough when completing this application. Sections of the application will be furnished to prospective families.

Nanny Information

Last Name _____

First Name _____

Middle Name / Former _____

Phone Number _____

Email Address _____

Home Address

_____ _____ _____ _____

Street Address *City* *State* *Zip code*

Locality / Neighborhood

_____

How did you hear of us?

_____

Availability

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
Able to work overnights? Yes ☐ No ☐	*Able to work overnights?* Yes ☐ No ☐	*Able to work overnights?* Yes ☐ No ☐	*Able to work overnights?* Yes ☐ No ☐	*Able to work overnights?* Yes ☐ No ☐	*Able to work overnights?* Yes ☐ No ☐	*Able to work overnights?* Yes ☐ No ☐

Which type of employment are you seeking?

☐ Full-time
(40 hours per week or more)

☐ Part-time
(20-39 hours per week)

☐ Occasional or Temporary

When are you available to begin employment with a family?

_____

Are you willing to work in a home where parent(s) work from a home office?

Yes ☐ No ☐

Are you willing to make a minimum 1 year commitment?

Yes ☐ No* ☐

**If No, what date range are you available?*

_____ to _____

Personal Data

Are you 18 years or older with child care experience or training?

Yes ☐ No ☐

Do you own a reliable vehicle?

Yes* ☐ No ☐

**If Yes, list year, make and model of vehicle*

_____ _____ _____

Year *Make* *Model*

State of license issued

_____

Do you have full coverage auto insurance?

Yes ☐ No ☐

Personal History

Why are you seeking employment as a child care professional?

What are your qualifications working with/caring for children?
Please include years of experience:

Do you have expertise in any of the following areas?*

- [ ] Tutoring
- [ ] Special Education
- [ ] Children with Medical or Neurodiverse complexities
- [ ] Foreign Language / ASL
- [ ] Cooking
- [ ] The Arts
- [ ] Other

If Yes, please elaborate:

What special interests or leisure activities do you enjoy?

Have you ever been convicted of a felony or misdemeanor, excluding minor traffic violations?

Yes* ☐ No ☐

If Yes please elaborate:

Health

Are there any physical or mental limitations that would prohibit you from performing the duties of a child care provider as described on our website?

Yes* ☐ No ☐

If Yes please elaborate:

Do you have allergies to pets or anything else?

Yes* ☐ No ☐

If Yes please elaborate:

Are you willing to have a physical examination prior to providing child care if requested and paid for by parent?

Yes ☐ No ☐

Do you smoke/vape?

Yes ☐ No ☐

Have you been certified in Infant and Child CPR and First Aid?

Yes* ☐ No** ☐

*If Yes, provide certification expiration date

_____

**If No, are you willing to be certified before working for a family?

Yes ☐ No ☐

Education

High school

_____ to _____

Start Date *End Date*

_____ _____

Name *City / State*

_____

Highest level attained

College

_____ to _____

Start Date *End Date*

_____ _____

Name *City / State*

_____ _____

Highest level attained *Field of study or degree*

Other (post graduate, certifications, etc):

Work History

List names of all employers in consecutive order with most recent employer first. Account for ALL periods of time including any periods of unemployment.

1 Most Recent or Current Employer

_____ to _____

Start Date *End Date*

_____ _____

Name *Hours Per Week*

_____ _____ _____

City *State* *Zip code*

Duties (list all):

Reason for leaving:

Supervisor

_____ _____

Name *Title*

Employer Contact Information

_____ _____ _____

Full Name *Phone* *Email address*

2 Past Employer

_____ to _____

Start Date *End Date*

_____ _____

Name *Hours Per Week*

_____ _____ _____

City *State* *Zip code*

Duties (list all):

Reason for leaving:

Supervisor

_____ _____

Name *Title*

Employer Contact Information

_____ _____ _____

Full Name *Phone* *Email address*

3 Past Employer

_____ to _____

Start Date *End Date*

_____ _____

Name *Hours Per Week*

_____ _____ _____

City *State* *Zip code*

Duties (list all):

Reason for leaving:

Supervisor

_____ _____

Name *Title*

Employer Contact Information

_____ _____ _____

Full Name *Phone* *Email address*

4 Past Employer

_____ to _____

Start Date *End Date*

_____ _____

Name *Hours Per Week*

_____ _____ _____

City *State* *Zip code*

Duties (list all):

Reason for leaving:

Supervisor

_____ _____

Name *Title*

Employer Contact Information

_____ _____ _____

Full Name *Phone* *Email address*

5 Past Employer

_____ to _____

Start Date *End Date*

_____ _____

Name *Hours Per Week*

City *State* *Zip code*

Duties (list all):

Reason for leaving:

Supervisor

Name *Title*

Employer Contact Information

Full Name *Phone* *Email address*

6 Past Employer

to

Start Date *End Date*

Name *Hours Per Week*

City *State* *Zip code*

Duties (list all):

Reason for leaving:

Supervisor

Name	*Title*

Employer Contact Information

Full Name	*Phone*	*Email address*

Summary of Child Care Experience

Please list, beginning with most recent child care experience:

Name of Family or Program	Dates Worked	Number of children and ages when started	Reason for leaving

Reference Checking

Have you been employed under a name other than the name provided on this application?

If Yes, please provide name and explain

Yes* ☐ No ☐

Are you presently employed?

If Yes, may we contact your current employer?

Yes* ☐ No ☐

Yes ☐ No ☐ Yes, only after notice is given ☐

Do you grant Child Care Professionals and prospective families permission to contact all references listed on this application?

Yes ☐ No ☐

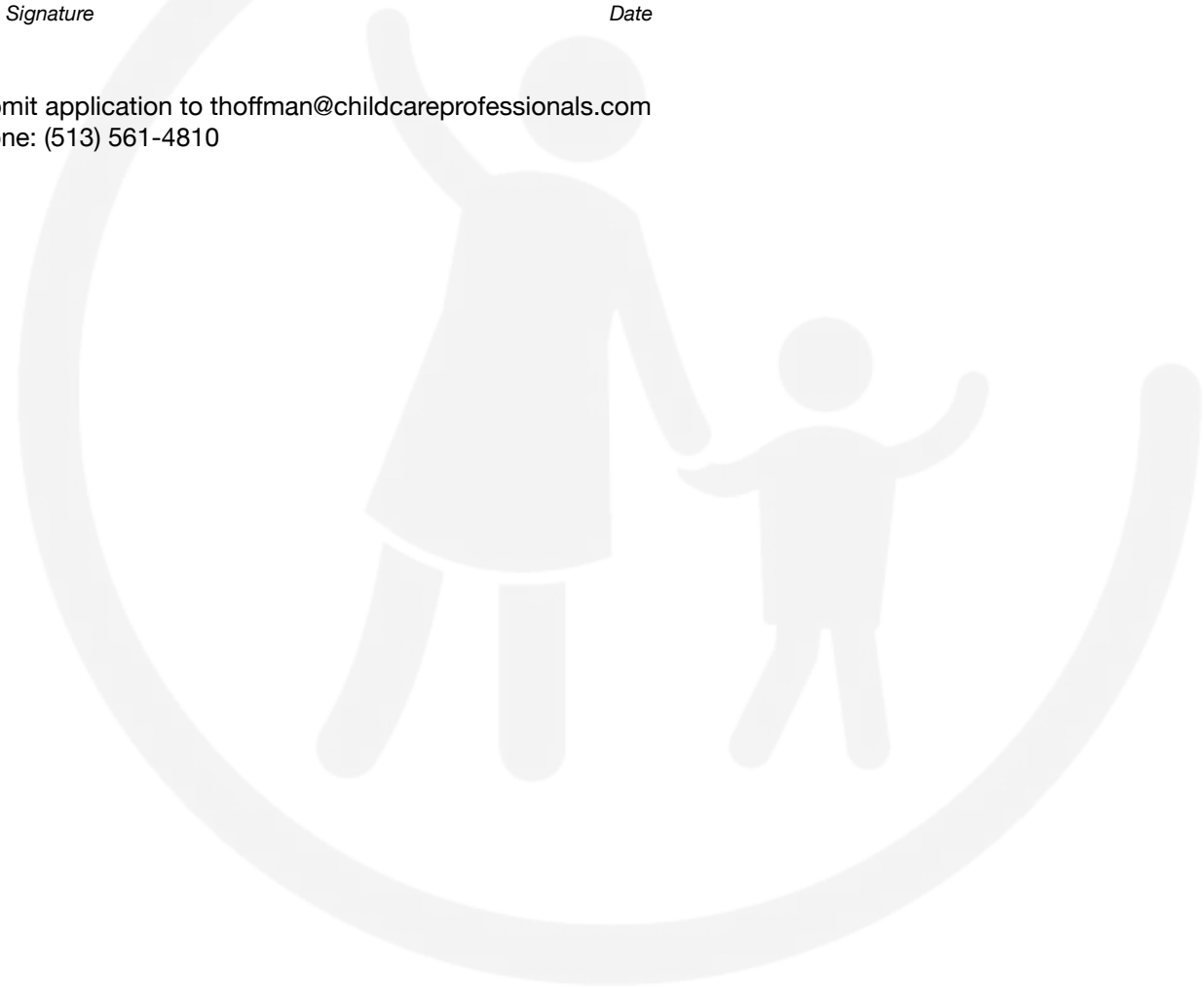
Please provide three references, other than employers listed above, who can speak to your character and child care experience:

Name	Phone	Email	How do you know them?

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Child Care Professionals, Inc. shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this questionnaire. I also release the companies, schools, police bureaus, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment from disclosure to the company any knowledge or information thereby acquired. I give my permission to submit to a full police and motor vehicle screening. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination.

_____ _____

Signature *Date*

Submit application to thoffman@childcareprofessionals.com
Phone: (513) 561-4810