

 *Night Nannies for Newborns*

ESTABLISHED 2001



NANNY APPLICATION

Name: _____ Date: _____

Address: _____

Phone: home: _____ Fax: _____

cell: _____ work: _____

E-Mail: _____

Social Security Number: _____

Driver's License #: _____ State: _____

How did you hear about Night Nannies for Newborns? _____

Date you can begin working: _____

How many nights/days on average, would you like to be working per week? _____

How many hours per night/day on average, would you like to be working? _____

Do you feel comfortable working with twins? (Y or N)

triplets? (Y or N)

quadruplets? (Y or N)

Based on your experience, what would you like your hourly salary to be?

Singles? _____ Twins? _____ Triplets? _____ Quadruplets? _____

Do you have breastfeeding experience? (Y or N)

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In case of emergency, please contact: _____
phone: _____
address: _____

relationship: _____

What are your future goals? _____

What are your hobbies and interests? _____

Do you speak a foreign language? (Y or N)

If yes, which language(s)? _____

Are you a volunteer or have you ever been a volunteer? (Y or N)

If yes, where? _____

Do you smoke cigarettes? (Y or N)

Do you have Children? (Y or N)

If yes, please list: Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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Have you ever been arrested? (Y or N)

Have you ever been convicted of a crime? (Y or N)

Have you ever received workmans compensation or disability? (Y or N)

On a scale of 1 to 5, (1 = Low, 3 = Average, 5 = High) please rate yourself in the following categories:

- | | | | |
|-----------|-------------------------|-----------|---------------------|
| 1 2 3 4 5 | Cleanliness | 1 2 3 4 5 | Crafts |
| 1 2 3 4 5 | Religion | 1 2 3 4 5 | Creativity |
| 1 2 3 4 5 | Patience | 1 2 3 4 5 | Listening |
| 1 2 3 4 5 | Cooking | 1 2 3 4 5 | Follow Through |
| 1 2 3 4 5 | Organization | 1 2 3 4 5 | Communication |
| 1 2 3 4 5 | Following Instructions | 1 2 3 4 5 | Flexibility |
| 1 2 3 4 5 | Positive | 1 2 3 4 5 | Reading |
| 1 2 3 4 5 | Laundry | 1 2 3 4 5 | Manners |
| 1 2 3 4 5 | Education | 1 2 3 4 5 | Continuous Learning |
| 1 2 3 4 5 | Understanding | 1 2 3 4 5 | Confidence |
| 1 2 3 4 5 | Breastfeeding Knowledge | 1 2 3 4 5 | Scheduling |

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Daytime Nanny Section:

In the event that a family should need temporary daytime help, would you be able to do this on a short-term basis? (Y or N) Long-term basis? (Y or N)

If yes, continue with these questions, otherwise skip the rest of this section.

Would you be able to make a one year commitment for a daytime placement? (Y or N)

Are you able to work full-time or part-time? (Full or Part)

Do you prefer Live-in or Live-out? (In or Out)

Would you work in a single parent home? (Y or N)

Would you work with an at home parent? (Y or N)

Would you be willing to help with light housekeeping, errands, laundry, and/or meal preparation in addition to caring for the child(ren) or infant(s)? (Y or N)

If yes, please describe the perimeters in which you could do this. _____

Would your hourly wages change or remain the same as for overnight work? _____

What age group do you prefer to work with?	Newborn to 1 year	(Y or N)
	1 year to 3 years	(Y or N)
	3 years to 5 years	(Y or N)
	5 years to 8 years	(Y or N)
	8 years to 12 years	(Y or N)
	12 years and up	(Y or N)

What is the appropriate way to discipline each of the following age groups?

Newborn to 1 year _____

1 year to 3 years _____

3 years to 5 years _____

5 years to 8 years _____

8 years to 12 years _____

12 years and up _____

SECTION CONTINUED ON THE NEXT PAGE

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Daytime Nanny Section (continued):

Do you have experience with special needs children/infants? (Y or N)

Please list any trainings, certifications, and experience with special needs children/infants:

Would you provide transportation for the child(ren) or infant(s) while at work? (Y or N)

If yes, is your vehicle reliable and safe? (Y or N) OR

Would you require a vehicle to be provided while at work? (Y or N)

Which can you drive: (please circle) Automatic Transmission
Standard/Manual Transmission
Both

Please circle the daytime activities that you would be able to actively participate in with the child(ren) or infant(s).

Swimming	Library	Story Time
Movie	Tumbling	Playground
Museum	Zoo	Music Class
Mall	Arts & Crafts	Cooking
Gym Class	Parks	Hikes
Play Dates	Homework	Sports
Pet Care	Doctor Appointments	

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Please identify any infant care or child care certifications, classes or other related areas of expertise that you have: _____

Education	Name/Location	Graduate?	Year Completed
High School	_____	(Y or N)	_____
College	_____	(Y or N)	_____
Trade School	_____	(Y or N)	_____
Other	_____	(Y or N)	_____

Subjects of special study or research work: _____

Are you currently in college? (Y or N) If yes, where? _____

Do you have future plans to continue your education? (Y or N)

What educational tools and resources can you pass along to the families you may be working with? _____

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Child/Infant Care Employment Information:

Employer Name: _____ Start Date (M/Y): _____

Address: _____ End Date (M/Y): _____

_____ Position: _____

Phone Number: _____ Supervisor: _____

May we contact? (Y or N) If no, why not? _____

Reason for leaving: _____

Employer Name: _____ Start Date (M/Y): _____

Address: _____ End Date (M/Y): _____

_____ Position: _____

Phone Number: _____ Supervisor: _____

May we contact? (Y or N) If no, why not? _____

Reason for leaving: _____

Employer Name: _____ Start Date (M/Y): _____

Address: _____ End Date (M/Y): _____

_____ Position: _____

Phone Number: _____ Supervisor: _____

May we contact? (Y or N) If no, why not? _____

Reason for leaving: _____

NANNY APPLICATION

Non-Child/Infant Care Employment Information:

Employer Name: _____ Start Date (M/Y): _____

Address: _____ End Date (M/Y): _____

_____ Position: _____

Phone Number: _____ Supervisor: _____

May we contact? (Y or N) If no, why not? _____

Reason for leaving: _____

Employer Name: _____ Start Date (M/Y): _____

Address: _____ End Date (M/Y): _____

_____ Position: _____

Phone Number: _____ Supervisor: _____

May we contact? (Y or N) If no, why not? _____

Reason for leaving: _____

Employer Name: _____ Start Date (M/Y): _____

Address: _____ End Date (M/Y): _____

_____ Position: _____

Phone Number: _____ Supervisor: _____

May we contact? (Y or N) If no, why not? _____

Reason for leaving: _____

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References: Please list 2 professional (related to child/infant care) and 1 personal.

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

_____ **Years Known:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

_____ **Years Known:** _____

Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

_____ **Years Known:** _____

Do you have any physical or health restrictions that may keep you from performing your position, or in any way be harmful to the child(ren) and/or infant(s) you will be caring for? (Y or N) If yes, please explain: _____

Are there any health issues that the agency or families should be aware of? For example, asthma, diabetes, or high blood pressure? (Y or N) If yes, please identify: _____

Identify any allergies you may have: _____ **Insect Bites:** _____

Food: _____ **Medicines:** _____

Pets: _____ **Other:** _____

Do you have any dietary restrictions? (Y or No)

Do you have an eating disorder? (Y or No)

Do you currently abuse drugs and/or alcohol? (Y or No)

Are you now, or have you in the past, been treated or diagnosed with any emotional or mental disorders? (Y or No)

If yes, please identify: _____

Are you currently taking any prescription medication? (Y or No)

Are you presently covered by health insurance? (Y or No)

NANNY APPLICATION

On a separate piece of paper, type 2-3 sentences for each of the following questions:

1. It's 2:30a.m. and you are caring for twins. While feeding one infant, the other awakes, and begins to cry. You understand that he/she is also in need of a bottle. Specifically, how would you handle this situation?
2. The single baby that you are caring for was born prematurely, and weighs only 4.2 lbs. He/she has been sleeping peacefully for nearly 5 hours. What should you do?
3. At four months old, the twins you are caring for are waking up to eat at least twice a night. The parents do not want you to feed them until 5a.m. at the earliest, regardless if they cry or not. How do you handle this situation?
4. Every time you feed the 6 week-old infant in your care, he/she spits up at least half of the bottle. The infant then gets hungry again within an hour. What can you do?
5. A new parent would like to know a specific date that his/her infant will be sleeping through the night. How do you respond?
6. What typical activities would you plan for a 3 year old in your care over the course of the week?
7. How would you keep the parents informed of daily or nightly activities?
8. Why do you want to become a Night Nanny?
9. In working with children and infants, what are your professional attributes and strengths?
10. If you were to hire a nanny, what qualities would you look for?
11. Describe the ideal relationship you would like to have with a family.
12. How do you keep updated with current information in the child care profession?

NANNY APPLICATION

Once you are registered and able to be referred through this agency, please identify any of the topics listed below that you would like more information on:

- (Y or N) Liability insurance for household employees
- (Y or N) Nanny tax information
- (Y or N) Family and nanny contract outline
- (Y or N) Interview questions
- (Y or N) Suggestions for a portfolio
- (Y or N) Child / Infant related classes
- (Y or N) Postpartum Doula certification
- (Y or N) Upcoming conferences
- (Y or N) NNfN reading list

By signing this application, it is understood that all information provided is honest, accurate and complete. Misleading or incorrect information can result in immediate termination of a position with a family and/or the affiliation with Night Nannies for Newborns. It is also understood that the information given in this application by the undersigned will be verified and investigated to best serve our client population. In the event that a prospective family wishes to review this application, it will be made available to them.

Signature: _____ Date: _____