

Beacon Hill Nannies, Inc.

Application for Employment

PERSONAL INFORMATION

Name:

Address:

Street/Apt. #

City/Town

State

Zip

Contact:

Day #

Evening #

Cell #

Email Address

Date of Birth: (day/mo/yr)

Are you legally able to work in the USA? Yes/No

Do you have a valid driver's license? Yes/No License #: State Issued:

Do you have a current passport? Yes/No

Do you have a car? What make/model/year?

Are you willing to transport children in your car? Yes/No

List any foreign languages you speak fluently:

Are you certified in CPR? Yes/No First Aid? Yes/No

(If so, you will need to furnish copies of your cards to BHN.)

Date Available Geographic Preferences

Desired Weekly Salary (before taxes) Do you need health insurance?

Please tell us how you heard about Beacon Hill Nannies.

EDUCATION

High School Name

City/State

Yrs Attended

Date Grad

Degree/Major

Did you receive a degree? Yes/No

College 1 Name

City/State

Yrs Attended

Date Grad

Degree/Major

Did you receive a degree? Yes/No

College 2 Name

City/State

Yrs Attended

Date Grad

Degree/Major

Did you receive a degree? Yes/No

Graduate School

City/State

Yrs Attended

Date Grad

Degree/Major

Did you receive a degree? Yes/No

CHILDCARE EXPERIENCE

(Please list ALL childcare experiences including volunteer, internships, student teaching, long-term babysitting, etc. since you graduated High School)

Name of Family/Company

City/State/Zip

Dates Employed (mo/yr – mo/yr)

Position

Ages of children when you began

Contact/Phone

Cell

Work

Home

May we contact them at this time?

Reason for leaving?

Name of Family/Company

City/State/Zip

Dates Employed (mo/yr – mo/yr)

Position

Ages of children when you began

Contact/Phone

Cell

Work

Home

May we contact them at this time?

Reason for leaving?

Name of Family/Company

City/State/Zip

Dates Employed (mo/yr – mo/yr)

Position

Ages of children when you began

Contact/Phone

Cell

Work

Home

May we contact them at this time?

Reason for leaving?

Name of Family/Company

City/State/Zip

Dates Employed (mo/yr – mo/yr)

Position

Ages of children when you began

Contact/Phone

Cell

Work

Home

May we contact them at this time?

Reason for leaving?

Name of Family/Company

City/State/Zip

Dates Employed (mo/yr – mo/yr)

Position

Ages of children when you began

Contact/Phone

Cell

Work

Home

May we contact them at this time?

Reason for leaving?

Name of Family/Company

City/State/Zip

Dates Employed (mo/yr – mo/yr)

Position

Ages of children when you began

Contact/Phone

Cell

Work

Home

May we contact them at this time?

Reason for leaving?

PLEASE CHECK IF YOU HAVE EXPERIENCE IN THE FOLLOWING AREAS:

Cared for a newborn (under 3mths)

Cared for infants (3 – 12mths)

Cared for multiples

Cared for a child with special needs

Cared for a nursing baby

Given medications to children

Helped a child cope with death

Toilet trained a child

Cared for school aged children

Helped a child cope with divorce

Bathed a baby/child

Cared for ill children

Safety-proofed a home

Cared for toddler/preschool aged (12 – 24mths)

SHORT ESSAY QUESTIONS

1. What qualities should a successful nanny possess?

2. If you've never been a nanny before, please explain why you wish to pursue this opportunity.

3. *If happy in the position, what would be the maximum time you would consider staying with a family?*
4. *Are you willing to travel with a family?*
5. *What are your future goals?*
6. *What kind of hobbies, interests, and organizations do you pursue? What do you enjoy doing in your spare time?*
7. *Please list activities you enjoy doing with children.*
8. *What is your current health status? Are you currently taking any prescribed medications? Do you have any allergies?*
9. *Have you ever been convicted of a crime? Please explain.*
10. *Please describe your driving record. Include tickets, accidents, suspensions, and violations and dates received.*
11. *Do you smoke?*
12. *Can you swim? If so, how well do you swim?*
13. *Do you drink? If so, how often do you drink?*
14. *Have you lived away from your family before? If so, how far away from home did you live, and for how long?*
15. *Please explain your philosophy of discipline and what consequences you use in disciplining children.*
16. *Please tell us about your best and worst childcare experiences.*
17. *How would your friends and family describe your personality?*

ADDITIONAL WORK HISTORY

<i>Employer</i>	<i>City/State</i>	<i>Dates Employed (mo/yr – mo/yr)</i>
<i>Position</i>	<i>Supervisor's Name</i>	
<i>Contact/Phone</i>	<i>Alternate Phone Number</i>	
<i>May we contact them at this time? Yes/No</i>		
<i>Reason for leaving?</i>		

<i>Employer</i>	<i>City/State</i>	<i>Dates Employed (mo/yr – mo/yr)</i>
<i>Position</i>	<i>Supervisor's Name</i>	

Contact/Phone

Alternate Phone Number

May we contact them at this time? Yes/No
Reason for leaving?

Employer

City/State

Dates Employed (mo/yr – mo/yr)

Position

Supervisor's Name

Contact/Phone

Alternate Phone Number

May we contact them at this time? Yes/No
Reason for leaving?

Employer

City/State

Dates Employed (mo/yr – mo/yr)

Position

Supervisor's Name

Contact/Phone

Alternate Phone Number

May we contact them at this time? Yes/No
Reason for leaving?

CHARACTER REFERENCES

Non-childcare or work related (e.g. Clergy, professors, and leaders of the community). Please do not include relatives.

Name

Home Phone

Cell Phone

Work Phone

Relationship

Name

Home Phone

Cell Phone

Work Phone

Relationship

I hereby attest that all of the above information is true and accurate. I further agree that I will not accept employment from any Beacon Hill Nannies' client or referral of a Beacon Hill Nannies' client without the express permission of Beacon Hill Nannies, Inc.

Signature: _____