

The Philadelphia Nanny Network, Inc.

Update On Nanny With Previous Application On File Form

DATE:

Taken By:

| | |
|---|--------------------|
| Name | Date Available |
| Present Address | |
| City State Zip Code | |
| Present Telephone () Best Time to Call | Work Telephone () |

Have you ever been convicted of a misdemeanor or felony? Yes No If yes, please explain. _____

What position(s) are you seeking? (Check all that apply)

- Nanny (at home parent) Nanny (single mother) Doula Housekeeper Tutor
 Nanny (working parents) Nanny (single father) Baby Nurse Chef/Cook Homework Helper

| | |
|----------------------|---------------------------|
| Work Days Preferred: | Geographic Area Preferred |
| Hours Preferred: | Salary Range: |

CHILD CARE REFERENCES: Please list all formal and informal experiences since last application. Please be thorough.

| Family Name/Company Telephone, Both Home/Work | Ages/gender At Start | Mo/Yr Start/End, How often worked? Was it daytime, evenings or overnight | Why left? |
|--|-------------------------|---|-----------|
| | | | |
| | | | |

EDUCATION

College _____ Dates _____ Graduated Yes No Major _____ GPA _____
 City/State _____ Registrar's Office Telephone No. (_____) _____
 If left college, why? _____
 Other courses/certificates/seminars _____

Certified in: **CPR** Yes Expiration Date ___/___/___ No **First Aid** Yes Expiration Date ___/___/___ No

WORK EXPERIENCE

From _____ To _____ Employer _____ Supervisor _____
 Address _____ City _____ State _____ Zip _____
 Telephone Number (_____) _____ Job Title _____ Part time Full time
 Describe duties _____
 Reason for leaving _____ Salary: Start _____ Finish _____

From _____ To _____ Employer _____ Supervisor _____
 Address _____ City _____ State _____ Zip _____
 Telephone Number (_____) _____ Job Title _____ Part time Full time
 Describe duties _____
 Reason for leaving _____ Salary: Start _____ Finish _____

Have you begun any medications since _____? yes no. If yes, explain _____
 (date of last application)

Drive Yes No Own car Yes No How many tickets? _____ How many accidents? _____ Details _____
 Have you or anyone in your family have to deal with a drug or alcohol problem? Yes No Psychiatric problems? Yes No
 Counseling? Yes No Eating disorders? Yes No Physical abuse? Yes No Sexual abuse? Yes No
 Verbal abuse? Yes No Any unusual life circumstances? Yes No How was it dealt with? _____

Do you have a boyfriend (girlfriend/children/spouse)? How do they feel about you relocating?

Have you thought about what you want to do in the future? Future educational plans? How long do you foresee yourself as a nanny? Are you comfortable giving a one year commitment?