



NANNY APPLICATION

DATE: _____

Name: _____

Home address: _____

City, State Zip: _____

How long at this address: _____

Home phone: _____ Cell phone: _____

E-mail: _____

Days/hours Available: _____

Evenings: _____ Weekends: _____

Salary range: _____

DOB/Age: _____ Height: _____ Weight: _____

Driver's license: Yes No # _____

Social security #: _____

Do you smoke: _____ Afraid of household pets: _____

Do you speak a foreign language: _____ Which one: _____

Comfortable taking children to the pool?: _____

CPR Certified?: _____

Hobbies: _____



References:**Name****Location****Phone**

Job Responsibilities:

Name**Location****Phone**

Job Responsibilities:

Name**Location****Phone**

Job Responsibilities:

Signature:

 Interviewer:
