



WFRC NANNY INFORMATION SHEET

DATE: _____ #: _____ APPLICATION ON FILE: YES NO

REFERENCE NUMBER OF THE AD YOU ARE APPLYING FOR: _____

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO HIGHEST LEVEL OF EDUCATION COMPLETED:

GED HIGH SCHOOL SOME COLLEGE - # OF YEARS _____ AA/AS DEGREE _____

BA/BS DEGREE _____ GRADUATE DEGREE _____ CERTIFICATION _____

DO YOU HAVE EXPERIENCE WORKING WITH CHILDREN? (Please describe): _____

WHAT IS YOUR MOST RECENT WORK EXPERIENCE? _____

HAVE YOU EVER APPLIED FOR A NANNY POSITION ADVERTISED THROUGH WFRC?

DATE: _____ WERE YOU HIRED? YES NO IF YES, BY WHOM? _____

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AVAILABILITY: PART-TIME FULL-TIME DAYS: M T W TH F S SU HOURS: _____ AM to _____ PM

ARE YOU WILLING TO KEEP CHILDREN OVERNIGHT? YES NO OCCASIONALLY

ARE YOU WILLING TO MAKE A 1-YEAR COMMITMENT TO CARE FOR A CHILD/CHILDREN IF HIRED? YES NO

ARE YOU WILLING TO DO:	YES ✓	NO ✓
LIGHT HOUSEHOLD WORK		
LAUNDRY		
LIGHT COOKING		

DO YOU HAVE A CAR? YES NO IS YOUR LICENSE RESTRICTED? _____

DO YOU SMOKE? YES NO ARE YOU WILLING TO WORK IN A NON-SMOKING ENVIRONMENT? YES NO

ARE YOU ALLERGIC TO ANY ANIMALS? YES NO IF YES, WHAT TYPE? _____

ARE YOU CPR CERTIFIED? YES NO DATE: _____ ARE YOU FIRST AID CERTIFIED? YES NO DATE: _____

ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK AND DRUG ABUSE SCREENING? YES NO

WHAT IS YOUR SALARY EXPECTATION? (please complete one of the following)

HOURLY \$ _____ WEEKLY \$ _____ MONTHLY \$ _____ ANNUALLY \$ _____ NEGOTIABLE YES NO

ADDITIONAL COMMENTS: _____

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND COMPLETE IN ALL RESPECTS. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT WILL BE CONTINGENT UPON A POST-OFFER, PRE-EMPLOYMENT SUBSTANCE ABUSE TESTING AND VERIFICATION OF MY EMPLOYABILITY UNDER U.S. IMMIGRATION LAWS.

SIGNATURE _____ DATE: _____