



Newport Babysitting Services

72 Harrison Ave.
Newport, RI 02840
(401)862-3922

www.newportbabysitting.com
info@newportbabysitting.com

Nanny Application

Name: _____ Social Security#: _____

Date: _____ Date of Birth: _____

Address: _____ Phone: _____

_____ Best time to call: _____

Permanent Address: _____ Permanent Phone: _____

_____ Live In: _____ Live Out: _____

Weekly (or hourly) salary desired: _____

Available to begin work: _____

How did you hear about us? _____

Education:	Name & Location Of School	Years Attended	Year Graduated	Degree	Major Subjects
High School					
College					
Graduate					

What age children do you most enjoy working with? _____ Least Enjoy? _____

What activities do you enjoy doing with children? _____

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What is your style of communication with children? _____

What are your reasons for wanting to work with children at this time in your life?

What are your special interests and hobbies? _____

What are your future plans? _____

References: Please list four names, making sure that at least two relate to your child care experience, other than relatives.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Childcare Experience: Please list your formal and informal child care experiences...

1. Name of Organization or Family:
Address and Phone Number:
Position Held: Dates Worked:
Actual Responsibilities:

Ages of children: Feelings about Job:

Person to Contact:

2. Name of Organization or Family:
Address and Phone Number:
Position Held: Dates Worked:
Actual Responsibilities:

Ages of children: Feelings about Job:

Person to Contact:

3. Name of Organization or Family:
Address and Phone Number:
Position Held: Dates Worked:
Actual Responsibilities:

Ages of children: Feelings about Job:

Person to Contact:

4. Name of Organization or Family:
Address and Phone Number:
Position Held: Dates Worked:
Actual Responsibilities:

Ages of children: Feelings about Job:

Person to Contact:

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Medical Information:

How would you rate your overall health?

_____ Excellent _____ Good _____ Fair _____ Poor

What is your Height? _____ Weight? _____

When was your most recent medical check up? _____

Do you smoke? _____ Are you allergic to any pets? _____

Now or in the past, have you consulted a physician for any of the following:

Regular use of any prescribed drug	_____	yes	_____	no
Fainting spells or dizziness	_____	yes	_____	no
Allergies or asthma	_____	yes	_____	no
Frequent Colds or flu	_____	yes	_____	no
Anemia, Mononucleosis or Hepatitis	_____	yes	_____	no
Anorexia nervosa and or bulimia	_____	yes	_____	no
Backaches, back or neck injuries	_____	yes	_____	no
Depression, nervous conditions or other mental disorders	_____	yes	_____	no
Venereal Disease or A.I.D.S.	_____	yes	_____	no
Alcoholism or drug dependency	_____	yes	_____	no
Diabetes	_____	yes	_____	no
Skin Rashes or other skin problems	_____	yes	_____	no
Any disabilities which would interfere with your capacity to perform Certain activities or duties	_____			

Please explain the circumstances of any YES answers: _____

My Physician is: Name: _____ Address: _____
Phone: _____

Do we have permission to contact your physician/ hospital if necessary? _____ yes _____ no

Signature

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Do you operate a car? _____yes _____no License# and State: _____
Can you operate a stick-shift? _____yes _____no Do you own a car? _____yes _____no
Will you bring a car with you? _____yes _____no Type of car? _____
Do you swim? _____yes _____no Life Saving Training? _____yes _____no
Trained in CPR/First Aid? _____yes _____no

Aside from parking tickets, have you ever been arrested or convicted of a felony or
misdemeanor? _____yes _____no
If so, please describe _____

On a scale of 1—10 (10 being highest), please rate the following as honestly as possible:

Ability to be a self-starter _____	Control of Temper _____
Sense of Humor _____	Ability to follow directions _____
Patience _____	Honesty _____
Common Sense _____	Neatness _____
Ability to make friends _____	Maturity _____
Ability to speak up when something bothers you _____	

Where is the nearest major airport? _____

Person to call in case of emergency? _____

Relationship: _____ Address: _____

Please send the completed form to : Nanny Applications
Newport Babysitting Services
580 Thames St., PMB 414
Newport, RI 02840

- Please include the following:
1. A recent photo
 2. An autobiographical letter describing your family, personality, values and goals, and experiences with children and child care philosophies, and dream job
 3. Optional (but helpful) 2—3 written recommendations
 4. A copy of your resume or list of employment including Position, contact person, dates of employment, address, and phone number
 5. Signed copy of background check release form

Background Check Release Form

Authorization For Release Of Information

Background Check Disclosure

As part of the employment process, Newport Babysitting Services, Sea Rangers, Inc. hereby known as (“the company”), may obtain a consumer report and / or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

Authorization and Release

During the application process and at any time during any subsequent employment, I hereby authorize U.S. Information Search on behalf of The Company to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may include Criminal Records, Credit reports, Driving Records, Past Employment or Education Verifications, Worker’s Compensation Claims, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Applicant / Employee Name & Date

Applicant / Employee Signature & Birth Date

Social Security Number

Current Address

Driver's License Number and State