

Nannies of Green Hills, LLC

APPLICATION FOR PLACEMENT

Dear Nanny Applicant:

Nannies of Green Hills, LLC takes our commitment to safety for children, and our reputation and professional standing in the industry very seriously. At this time we would like to thank you for considering us as your placement resource. Please complete the following application as thoroughly as possible. After reviewing your application and contacting your references, we can begin the placement process. Good luck and we look forward to working with you!

Sincerely,

Andrea Tilley

Andrea Tilley
Owner

PLEASE RESPOND TO THE FOLLOWING QUESTIONS.

Today's Date: _____
Full Name: _____
Previous Names:(Married/Maiden) _____
Social Security No.: _____
Date of Birth: _____

YOUR CONTACT INFORMATION

Home Phone: _____
Cell Phone: _____
Work Phone: _____
Pager: _____
Alternate Phone: _____
E-mail Address: _____
Address: _____
City, State, Zip: _____
How long at this address? _____
Previous Address: _____
City, State, Zip: _____
How long at this address? _____
Address of parents: _____
City, State, Zip: _____
Phone of nearest relative: _____

PERSONAL/LEGAL INFORMATION

Current Employer: _____
If In School, Give Your Major And Projected Graduation Date:

Are you? Female _____ Male _____

Single _____ Married _____ Widowed _____ Divorced _____

Your birthdate: _____
Number and ages of your children: _____
Number and ages of your Grandchildren: _____

Are you a citizen of the United States? _____

If no, please provide documentation of your work status.

Where do your parent's live? _____

Are your parent's married? _____

What do your parents do for a living? _____

If no, please explain. _____

What are the names and ages of your brothers and sisters. _____

What is your relationship with your brothers and sisters like? _____

Have you ever been arrested or questioned by the police? _____

Please explain: _____

Have you or someone you know ever been charged or convicted of a felony or misdemeanor? _____

EXPERIENCE

Please indicate with an **X** all areas which you have experience:

_____ Newborn

_____ Driving children

_____ Potty training

_____ Housesitting

_____ CPR

_____ Drug abuse/suicide/mental disorders

_____ Twins/Triplets

_____ Premature newborn

_____ Housekeeping

_____ Traveling

_____ Foreign Language

_____ Teaching

EDUCATION

NAME/LOCATION OF HIGH SCHOOL ATTENDED:

GRADUATED? _____ DATE: _____

NAME/LOCATION OF COLLEGE ATTENDED:

DEGREE OBTAINED? _____ DATE: _____

ADDITIONAL TRAINING: _____

CPR CERTIFIED? _____ DATE: _____

DRIVING INFORMATION

Driver's License Number: _____ Type of Car _____

Issuing State: _____

Expiration Date: _____

List any restrictions on your license: _____

Who is your auto insurance carrier? _____

Have you had any tickets or accidents within the last year? _____

If so, please explain: _____

MEDICAL INFORMATION

Do you have health insurance? _____

What company? _____

Are you currently on any medications? _____

If yes, please describe. _____

Do you smoke? _____

Have you smoked in the past? _____

Do you have any pet allergies? _____

Have you had any serious accidents, illnesses or surgeries in the last five years? _____

If yes, please describe. _____

Have you in the past, or are you currently being treated for:

- _____ Epilepsy/Seizures/Convulsions
- _____ Mental illness/Depression/Moodiness
- _____ High Blood Pressure

- _____ Diabetes
- _____ Suicide
- _____ Dizziness/Fatigue/Black outs/Fainting
- _____ Fibro Mialgia/Chronic Fatigue Syndrome
- _____ Weight control
- _____ Allergies
- _____ Visual/Auditory/Vocal impairment?
- _____ Physical handicap
- _____ Migraines/Headaches
- _____ Back Problems/Back Injury

What was the date and reason for your last doctor's visit? _____

What is the name and address and phone number of your primary care physician:

PLACEMENT PREFERENCE

Please indicate with an **X** the areas which you are applying for:

- _____ Childcare
- _____ Temporary Care
- _____ Mother's Helper
- _____ Elder/Companion Care
- _____ Housekeeping

Can you commit to a year of employment? _____

If no, how long of a commitment could you make to a family? _____

Are you willing to do light housekeeping? _____

Are you willing to do some light cooking? _____

Please indicate with an **X the times which you are available.**

	SUN	MON	TUE	WED	THU	FRI	SAT
Morning (7am-12pm)	_____	_____	_____	_____	_____	_____	_____

Afternoon (1pm-6pm) _____

Evening (6pm-10pm) _____

Overnights (24 hours) _____

What are your salary expectations? _____

Please provide a complete work history. All fields are required.

1.NAME/EMPLOYER: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

2.NAME/EMPLOYER: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____
REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

3.NAME/EMPLOYER: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

4.NAME/EMPLOYER: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

5.NAME/EMPLOYER: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

6.NAME/EMPLOYER: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

PLEASE LET US KNOW IF YOU NEED MORE REFERENCE SHEETS.

PLEASE LIST AT LEAST 5 CHILDCARE REFERENCES:

1.NAME/: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

2.NAME: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

3.NAME: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

4.NAME: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

5.NAME: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

6.NAME: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

PLEASE PROVIDE 3 PERSONAL REFERENCES:

1.NAME: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

2.NAME: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

3.NAME: _____

PHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

NUMBER & AGE OF CHILDREN: _____

REFERENCE CONTACT NAME: _____

DESCRIPTION OF DUTIES PERFORMED: _____

HOURS WORKED PER DAY: _____

REASON FOR LEAVING: _____

STARTING & ENDING SALARY: _____

Caregiver Scenarios:

- One of the children that you are watching is doing something wrong. You have already asked him/her three times not to do it. What would you do now?

- It's a rainy day. The children, who are 1 and 4 years old, want to play outside, but it is too cold and wet. You must keep them inside for the entire day. What would you do to keep them busy?

- You need to go grocery shopping. You get the children in the car. The youngest has been ill and didn't sleep very well the previous night. On the way to the store, he falls asleep in the car. You really don't want to wake him. What do you do?

- The parents go out for the evening and you are babysitting. The children are asleep and it is late. You are watching TV. You hear a frantic knock at the front door. By the time you get to the door, the person is pounding on the door saying, "I've been hurt in an auto accident. I'm hurt and bleeding. Please let me in and

help me. Can I use your phone?" What would you do?

- One of your family members calls and is ill and needs you. You are in charge of the children and the parents are at work? What do you do?

- You are babysitting and expect the parents to call and give you the telephone number where they can be reached. You are bathing the children, ages 1 and 4. The phone rings and it is in the next room. What do you do?

- What signs identify child abuse?

- What do you typically do while the children you are watching are taking a nap?

- Why would you be the best nanny a family has ever had?

PERSONAL QUESTIONS

If you could have one wish, what would it be?

What do you like best about yourself?

What would you change or improve about yourself?

What is the worst situation you have encountered while caring for children?

What was the best situation you've encountered while caring for children?

When did you decide you wanted to be a nanny?

What do you think an employer would most appreciate about you?

Please describe your highest moment in life.

Please describe your lowest moment in life.

What would you want a parent to know about you?

What do you hold as priority in your life?

What are your hobbies?

Please print your name as proof that the information given in this application is true and complete and accurate.

Printed name: _____

Signature: _____

Date: _____

**Applicant Background Check Policy
Background and Reference Authorization**

Release of Claims

Nannies of Green Hills, LLC utilizes various employment screening services to conduct background checks for each applicant. The screening includes criminal and driving records. In addition credit reports and screening for drug use and communicable diseases may be required. The undersigned applicant hereby releases, and forever discharges all screening service companies used and Nannies of Green Hills, LLC, their heirs, executors, administrators, officers, stockholders, partners, agents, employees, spouses, successors, representative and insurers, from any present or future claim of any kind, resulting from any alleged liability for conducting drug testing and background investigations that may include, but are not limited to, reference checks from former employers, educational references, verification of information with the Social Security Administration, criminal courts, state and county repositories of criminal records, Department of Motor Vehicles, credit bureaus, and employer mutual associations.

I HAVE READ THE ABOVE AND CONSENT TO SCREENING AS DESCRIBED. I UNDERSTAND IT FULLY AND ACKNOWLEDGE THAT I AM RELEASING Nannies of Green Hills, LLC AND ITS SCREENING SERVICE PROVIDERS FROM ANY LIABILITY THAT MAY BE ASSOCIATED WITH ANY INVESTIGATION CONDUCTED. IF EMPLOYED BY A CLIENT, I FURTHER AUTHORIZE

PERIODIC TESTING AND CHECKS AS MAY BE DEEMED NECESSARY BY MY EMPLOYER.

Print Full Name _____

Current Address _____

Previous Address _____

Driver's License Number _____

Issuing State _____

Date of Birth _____

Social Security Number _____

Applicant Signature _____

Date _____

NANNIES OF GREEN HILLS, LLC PLACEMENT SERVICE CONTRACT

Completing an application and interviewing with Nannies of Green Hills, LLC does not in any way guarantee an applicant a position with this company.

Applicant agrees to have a current CPR certification and provide proof of same to NANNIES OF GREEN HILLS, LLC within 60 days of registration with this agency.

Applicant agrees to be prompt to all interviews. Applicant agrees to wear proper attire.

Applicant agrees to call NANNIES OF GREEN HILLS, LLC immediately after all interviews.

No applicant is allowed to begin their position, whether it is temporary or permanent, until receiving authorization from NANNIES OF GREEN HILLS, LLC. If the applicant begins work without authorization from NANNIES OF GREEN HILLS, LLC the applicant agrees to pay all fees due under the contract if uncollected from the employer.

Applicant shall provide true, complete and accurate information on all application materials given to NANNIES OF GREEN HILLS, LLC. Applicant authorizes NANNIES OF GREEN HILLS, LLC to check all work history. If any of the information provided is found to be false, the application will be rejected.

During the interviewing process, applicant shall not contact any clients of NANNIES OF GREEN HILLS, LLC without prior written or verbal consent from NANNIES OF GREEN HILLS, LLC.

Applicant shall keep all information regarding potential employers and positions confidential.

Applicant shall not give reference to any client. All references are presented to and processed through NANNIES OF GREEN HILLS, LLC. This is to protect your references from excessive phone calls.

Once applicant has registered with NANNIES OF GREEN HILLS, LLC and is familiar with our clients, the nanny/caregiver cannot work for any of the agency's clients without going through NANNIES OF GREEN HILLS, LLC. The nanny/caregiver is never to contact client directly (without permission) but is to always go through NANNIES OF GREEN HILLS, LLC. Violations of this rule will result in caregiver being removed from our registry and no longer eligible for placement.

Nanny agrees to get permission from the employer regarding running personal errands, personal phone calls, having friends over, use of the employer's computer or arranging play dates for children.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES AND WILL ABIDE BY THEM.

Signature of Applicant

Printed Name of Applicant

Date