

**MIDWEST NANNIES, LTD.**  
1358 DRAPER ROAD  
MC HENRY, IL 60050  
815-344-5899 Fax 815-344-5868

APPLICANT QUESTIONNAIRE

DATE: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

MAJOR CROSS STREETS: \_\_\_\_\_

HOW LONG HAVE YOU RESIDED AT YOUR CURRENT ADDRESS? \_\_\_\_\_

WHO DO YOU LIVE WITH? (*name and relation*) \_\_\_\_\_

IF LESS THAN THREE YEARS, LIST PREVIOUS ADDRESSES (PLEASE INCLUDE DATES):

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ CURRENT WORK: \_\_\_\_\_ HOURS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ARE YOU A U.S. CITIZEN? \_\_\_\_\_ RESIDENT ALIEN? \_\_\_\_\_ OTHER? \_\_\_\_\_

(PICTURE I.D. REQUIRED)

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

LIST ANY OTHER DRIVER'S LICENSE(S) HELD: \_\_\_\_\_

CAR INSURANCE NAME AND PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NEAREST RELATIVE NOT LIVING WITH YOU: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

ARE YOU CURRENTLY REGISTERED WITH ANY OTHER AGENCY? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, WHICH AGENCY OR AGENCIES? \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ YR. GRADUATED: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ YR. GRADUATED: \_\_\_\_\_

HIGHEST LEVEL COMPLETED: 1 2 3 4 5 6 DEGREE: \_\_\_\_\_

CHILDCARE RELATED COURSES: \_\_\_\_\_

ANY OTHER TRAINING? \_\_\_\_\_

**POSITION PROFILE:** What type of position(s) are you interested in? Circle number(s) that apply.

- |                       |                       |
|-----------------------|-----------------------|
| 1. LIVE-IN            | 5. VACATION/TEMPORARY |
| 2. FULL-TIME/LIVE-OUT | 6. SUMMER             |
| 3. PART-TIME/LIVE-OUT | 7. EVENINGS           |
| 4. HOURLY/OCCASIONAL  | 8. WEEKENDS           |

DO YOU HAVE EXPERIENCE WITH? (Please check all that apply)

INFANT     TODDLER     PRE-SCHOOL     SCHOOL AGE  
(Any age that needs supervision)  
 TWINS     TRIPLETS     SPECIAL NEEDS CHILD(REN)     3 OR MORE CHILDREN  
(In the same family)

WHAT AGE DO YOU PREFER? \_\_\_\_\_ NUMBER OF CHILDREN PREFERRED: \_\_\_\_\_

WHAT IS YOUR DESIRED SALARY? \_\_\_\_\_ WHAT IS YOUR CURRENT SALARY? \_\_\_\_\_

**PREVIOUS EMPLOYERS:**

LIST NAMES AND ADDRESSES OF THE LAST THREE (3) CHILDCARE POSITIONS YOU HAVE HAD:

If you have not worked as a childcare provider, include last three (3) employers.

Name and Address of Current/Most Recent Employer:

\_\_\_\_\_

JOB TITLE AND DUTIES: \_\_\_\_\_

NUMBER OF CHILDREN CARED FOR? \_\_\_\_\_ AGES OF CHILDREN CARED FOR: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ LEAVING DATE: \_\_\_\_\_  
(At the start of position)

WEEKLY STARTING SALARY: \_\_\_\_\_ WEEKLY FINAL SALARY: \_\_\_\_\_

DATE AND REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT EMPLOYER? \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOW DID YOU FIND THIS POSITION? \_\_\_\_\_

Name and Address of Former Employer:

\_\_\_\_\_

JOB TITLE AND DUTIES: \_\_\_\_\_

NUMBER OF CHILDREN CARED FOR? \_\_\_\_\_ AGES OF CHILDREN CARED FOR: \_\_\_\_\_

*(At the start of position)*

STARTING DATE: \_\_\_\_\_ LEAVING DATE: \_\_\_\_\_

WEEKLY STARTING SALARY: \_\_\_\_\_ WEEKLY FINAL SALARY: \_\_\_\_\_

DATE AND REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT EMPLOYER? \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOW DID YOU FIND THIS POSITION? \_\_\_\_\_

Name and Address of Former Employer:

\_\_\_\_\_

JOB TITLE AND DUTIES: \_\_\_\_\_

NUMBER OF CHILDREN CARED FOR? \_\_\_\_\_ AGES OF CHILDREN CARED FOR: \_\_\_\_\_

*(At the start of position)*

STARTING DATE: \_\_\_\_\_ LEAVING DATE: \_\_\_\_\_

WEEKLY STARTING SALARY: \_\_\_\_\_ WEEKLY FINAL SALARY: \_\_\_\_\_

DATE AND REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT EMPLOYER? \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOW DID YOU FIND THIS POSITION? \_\_\_\_\_

WHAT DID YOU DO PRIOR TO THE ABOVE POSITIONS? (please include dates) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES:**

LIST NAMES AND ADDRESSES OF THREE (3) PEOPLE AS CHARACTER REFERENCES:

Name and Address of Reference:

---

---

WHAT IS YOUR ASSOCIATION WITH THIS PERSON? \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Name and Address of Reference:

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Name and Address of Reference:

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WHAT IS YOUR ASSOCIATION WITH THIS PERSON? \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THIS PERSON? \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

I certify that I have answered all the questions on this application accurately and to the best of my knowledge. I have not withheld any information which would cause the information given above to be misleading. In the event of my employment as a result, in full or in part, from the information contained on this application, I understand that any inaccurate or misleading information is grounds for immediate termination of employment by the family.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date