

MIDWEST NANNIES, LTD.
1358 DRAPER ROAD
MC HENRY, ILLINOIS 60050
(815) 344-5899

PERSONAL PROFILE:

DATE: _____

NAME: _____

CHILD TO BRING WITH: YES _____ NO _____ AGE/D.O.B. _____ BOY/GIRL: _____ NAME: _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? _____

TYPES OF EXPERIENCE: (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)

PLEASE DESCRIBE SPECIAL NEEDS SITUATION YOU HAVE WORKED WITH: _____

WHAT FAMILY INFLUENCE HAS BROUGHT YOU TO THE POINT YOU ARE NOW IN YOUR LIFE?
BRIEFLY DESCRIBE YOUR FAMILY AND HOW YOU WERE RAISED.

WHAT SETS YOU APART FROM OTHER NANNIES? _____

WHY DO YOU WANT TO DO THIS TYPE OF WORK? _____

WHAT ARE YOU LOOKING FOR IN A FAMILY? _____

WHAT ARE YOUR GOALS FOR THE NEXT TWO YEARS? _____

DESCRIBE YOUR STRENGTHS. _____

DESCRIBE YOUR WEAKNESSES. _____

ARE YOU CREATIVE WHEN WORKING WITH CHILDREN? _____ ARTISTIC? _____

IN WHAT WAYS? _____

NAME SOME ACTIVITIES YOU LIKE TO DO WITH CHILDREN YOU CARE FOR:

ARE YOU FLEXIBLE TO STAY LONGER IF FAMILY IS LATE? _____

COULD YOU TRAVEL WITH THE FAMILY IF NEEDED? _____

WOULD YOU BE WILLING TO STAY OVERNIGHT IF NEEDED? _____

IF WORKING CONDITIONS ARE ACCEPTABLE, WILL YOU AGREE TO A ONE-YEAR CONTRACT WITH A FAMILY? YES _____ NO _____

WHAT IS YOUR DISCIPLINARY PHILOSOPHY WHEN YOU CARE FOR CHILDREN? _____

DO YOU HAVE ANY SPECIAL INTERESTS OR HOBBIES? YES _____ NO _____

WHAT ARE THEY? _____

WILL YOU CONSENT TO A CRIMINAL BACKGROUND INVESTIGATION IF A PROSPECTIVE EMPLOYER REQUESTS ONE? YES _____ NO _____

WOULD YOU CONSENT TO AN AIDS TEST SHOULD A PROSPECTIVE EMPLOYER REQUEST ONE? YES _____ NO _____

IS THERE ANY CONDITION THAT WOULD INTERFERE WITH YOUR ABILITY TO PERFORM YOUR JOB? YES _____ NO _____

IF YES, WHAT? _____

HAVE YOU BEEN ARRESTED AND/OR CONVICTED OF ANYTHING WITHIN THE LAST 3 YEARS?

YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN FOUND BY ANY ADMINISTRATIVE OR JUDICIAL BODY TO HAVE SEXUALLY OR PHYSICALLY ABUSED A CHILD OR OTHER PERSON?

YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

ARE YOU PHYSICALLY ABLE TO LIFT 30 LBS.? YES _____ NO _____

IF NO, PLEASE EXPLAIN _____

PLEASE CHECK THE FOLLOWING:

	YES	NO	
DO YOU SMOKE	_____	_____	
ALLERGIES	_____	_____	
WHAT TYPE?	_____		
MEDICATION	_____	_____	
WHAT TYPE?	_____		
VALID DRIVERS LICENSE	_____	_____	STATE OF _____
OWN CAR	_____	_____	YR./MODEL _____
SECOND LANGUAGE	_____	_____	LANGUAGE _____
OBJECT TO PETS	_____	_____	WHAT KIND? _____
SWIM	_____	_____	
CPR	_____	_____	CERTIFIED? _____
INFANT CPR	_____	_____	CERTIFIED? _____
FIRST AIDE	_____	_____	CERTIFIED? _____
CNA	_____	_____	CERTIFIED? _____
OTHER: _____	_____	_____	CERTIFIED? _____
DO YOU COOK?	_____	_____	
HAS MEAL PREPARATION BEEN PART OF YOUR PREVIOUS JOB EXPERIENCE?	_____	_____	
AS REQUIRED, WOULD YOU BE WILLING TO:			
LIGHT HOUSEKEEPING	_____	_____	
LIGHT LAUNDRY	_____	_____	
GROCERY SHOPPING	_____	_____	
MEAL PREPARATION	_____	_____	
RUN ERRANDS	_____	_____	
DR. APPOINTMENTS	_____	_____	
DRIVE TO/FROM SCHOOL	_____	_____	
DRIVE TO/FROM ACTIVITIES	_____	_____	
TRAVEL WITH FAMILY	_____	_____	
FULL HOUSEKEEPING(EXTRA PAY)	_____	_____	

SIGNATURE

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