

MIDWEST NANNIES FLORIDA

P.O. BOX 2693
FORT MYERS BEACH, FL 33932
239-463-4774 Fax 239-463-0264

DATE: _____

DATE AVAILABLE: _____

NAME: _____

MARRIED _____ SINGLE _____ DIVORCED _____

ADDRESS: _____ CITY, STATE, ZIP: _____

MAJOR CROSS STREETS: _____

LOCATION: NORTH OR SOUTH _____

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 _____ CELL _____ WORK _____

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: _____

CAR INSURANCE NAME AND PHONE NUMBER: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: _____

REFERRED BY: _____

HAVE YOU WORKED WITH A CHILDCARE AGENCY IN THE PAST? Yes _____ No _____

IF YES, WHICH AGENCY OR AGENCIES AND WHEN? _____

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. HOURLY/OCCASIONAL DAYS AVAILABLE _____
- 2. VACATION/TEMPORARY
- 3. EVENINGS HOURS AVAILABLE _____
- 4. WEEKENDS
- 5. PERMANENT

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: _____

CPR CERTIFIED? _____ INFANT CERTIFIED? _____ FIRST AID? _____

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: _____

(At the start of position)

STARTING DATE: _____ LEAVING DATE: _____

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: _____

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: _____

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:

WHAT IS YOUR ASSOCIATION WITH THIS PERSON? _____

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Name and Address of Reference:

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