

MIDWEST NANNIES FLORIDA
P.O. BOX 2693
FORT MYERS BEACH, FL 33932
(239) 463-4774

PERSONAL PROFILE:

DATE: _____

NAME: _____

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: _____

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? _____

DESCRIBE YOUR PERSONALITY. _____

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? _____

WOULD YOU BE WILLING TO STAY OVERNIGHT IF NEEDED? _____

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? 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	_____	_____	
DRIVE TO/FROM ACTIVITIES	_____	_____	

SIGNATURE

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