We are pleased to provide this exclusive eNanny Success Kit.
Inside this kit you will find all of the tools that professional nanny agencies use. Buckingham Nannies, one of the nation’s premier nanny agencies, designed these tools to help create a complete hiring process.

With this kit - and your instincts - you should be able to hire the perfect nanny for your family.

~ Ken Myers
President
eNannySource.com
NANNY EMPLOYMENT APPLICATION

Name: ________________________________ Date: ___________ Referred by: ___________

Address: __________________________________________________________________________

City: __________________ State: _____ Zip: _____

How long at this address: ___________ (if less than 2 years please enter Previous Address below)

Previous Address: ___________________________________________________________________

Home Phone: ___________________________ Cell phone: _____________________________

Email: __________________________________________________________________________

Driver license number: ________________ State issued: _______

Social Security Number: __________________________

Do you own a car? ☐ Yes ☐ No

Make and model: _______________________

Job Preferences

What is your desired weekly salary? $___________ ☐ Gross (before taxes) ☐ Net (after taxes)

What is your desired hourly salary? $___________ ☐ Gross (before taxes) ☐ Net (after taxes)

☐ Live-in ☐ Live-out ☐ Full-time ☐ Permanent ☐ Mon-Fri

☐ Part-time ☐ Temporary ☐ Tue-Sat ☐ Weekends

☐ Other (please specify) __________________________

Do you require a vehicle to be provided? ☐ Yes ☐ No

Are you willing to use your own vehicle for work related purposes? ☐ Yes ☐ No

Are you flexible on days and hours?

☐ Very flexible ☐ Somewhat flexible ☐ Not flexible

How long do you want to work in this position?

☐ 6 months ☐ 1 year ☐ 2 years ☐ 3 or more years

Type of Job Applying For:

☐ Nanny ☐ Nanny/Houskeeper ☐ Nanny/Household Manager

Are you willing to travel with the family? ☐ Yes ☐ No
NANNY EMPLOYMENT APPLICATION

Do you smoke? □ Yes □ No

Do you drink alcohol? □ Yes □ No □ Occasionally

Can you swim? □ Yes □ No

Are you a certified lifeguard? □ Yes □ No

Is working in a house with pets okay? □ Yes □ No

Are you allergic to dogs? □ Yes □ No Cats? □ Yes □ No

Are you willing to (check all that apply):

□ Care for the family pet □ Run errands □ Participate in carpool

Do you have current CPR certification? □ Yes □ No

Do you have current first-aid certification? □ Yes □ No

What ages of children do you prefer to work with? ________________________________

Why? ________________________________

Maximum number of children you are willing to care for: ________________________________

Do you have experience working for families with multiples? □ Yes □ No

Would you care for twins? □ Yes □ No Triplets? □ Yes □ No

Will you work with children that have special needs? □ Yes □ No

Please check the family situations you would like to work in:

□ Parents working outside of the home □ At-home parent □ Single parent

How did you spend your day in your previous nanny position? ________________________________

_________________________________________________________________________

_________________________________________________________________________

Are you comfortable transporting children in a vehicle? □ Yes □ No
Are you most comfortable in a position where you direct the children’s daily schedule or a position where the parents leave a specific schedule for you to implement?

What is your primary language?

Other languages spoken: 1. 2. 3.

Previous Employment Experience

How many years of childcare experience do you have?

List previous employers with most recent first:

Employer #1:

Family’s last name:  

Mother’s Name: Father’s Name:  

Mother’s Occupation: Father’s Occupation:  

Mother’s Phone: Father’s Phone:  

Home Phone: Address:  

City: State: Zip:  

How did you find this job?

Date job started: ended:  

Salary: $  

□ Gross  □ Net  □ Per hour  □ Per week  

□ Live-in  □ Live-out  □ Full-time  □ Part-time  

Days and hours of job:  

Children:

1. Male  Female  Beginning age: Final age:  

2. Male  Female  Beginning age: Final age:  

3. Male  Female  Beginning age: Final age:  
4.  □ Male  □ Female  Beginning age:  _____  Final age:  _____

NANNY EMPLOYMENT APPLICATION

PAGE 4

Responsibilities:  □ Childcare  □ Housekeeping  □ Driving  □ Cooking  □ Homework
Other:  __________________________________________________________
______________________________________________________________
Likes and dislikes: ______________________________________________
Reason for leaving: ______________________________________________

Employer #2:
Family’s Last Name:  ____________________________________________
Mother’s Name:  ___________________________  Father’s Name:  ___________________________
Mother’s Occupation:  ___________________________  Father’s Occupation:  ___________________________
Mother’s Phone:  ___________________________  Father’s Phone:  ___________________________
Home Phone:  ___________________________  Address:  ___________________________
City:  ___________________________  State:  ___________  Zip:  ___________________________
How did you find this job?  _________________________________________

Date job started:  ____________  ended:  ____________
Salary:  $ ____________  □ Gross  □ Net  □ Per hour  □ Per week
□ Live-in  □ Live-out  □ Full-time  □ Part-time
Days and hours of job:  _____________________________________________

Children:
1.  □ Male  □ Female  Beginning age:  _____  Final age:  _____
2.  □ Male  □ Female  Beginning age:  _____  Final age:  _____
3.  □ Male  □ Female  Beginning age:  _____  Final age:  _____
4. ☐ Male  ☐ Female  Beginning age: _____ Final age: _____

NANNY EMPLOYMENT APPLICATION

PAGE 5

Responsibilities: ☐ Childcare  ☐ Housekeeping  ☐ Driving  ☐ Cooking  ☐ Homework
Other: ____________________________________________________________

______________________________________________________________

Likes and dislikes: ______________________________________________

______________________________________________________________

Reason for leaving: _____________________________________________

______________________________________________________________

Employer #3:
Family’s Last Name: ____________________________________________
Mother’s Name: _______ Father’s Name: ____________________________
Mother’s Occupation: _______ Father’s Occupation: ________________
Mother’s Phone: _______ Father’s Phone: _________________________
Home Phone: ______________________________ Address: ______________
City: ______________ State: ______ Zip: ______________
How did you find this job? _________________________________________

Date job started: __________ ended: __________

Salary: $___________ ☐ Gross ☐ Net ☐ Per hour ☐ Per week
☐ Live-in ☐ Live-out ☐ Full-time ☐ Part-time

Days and hours of job: ___________________________________________

Children:
1. ☐ Male  ☐ Female  Beginning age: _____ Final age: _____
2. ☐ Male  ☐ Female  Beginning age: _____ Final age: _____
3. ☐ Male  ☐ Female  Beginning age: _____ Final age: _____
4. □ Male  □ Female  Beginning age: _____  Final age: _____

**NANNY EMPLOYMENT APPLICATION**

**PAGE 6**

Responsibilities: □ Childcare  □ Housekeeping  □ Driving  □ Cooking  □ Homework

Other: __________________________________________________________

________________________________________________________________

Likes and dislikes: ______________________________________________

________________________________________________________________

Reason for leaving: ______________________________________________

________________________________________________________________

Have you held any jobs not listed above?  □ Yes  □ No

If yes please elaborate: ____________________________________________

________________________________________________________________

**Education**

High school attended: _____________________________________________

Did you graduate?  □ Yes  □ No  What year?_______________________

College attended: ________________________________________________

Degree: _________________________________________________________

Year graduated:____________________

Child related courses taken in college:

1. ____________________________________________  4. _____________________________
2. ____________________________________________  5. _____________________________
3. ____________________________________________  6. _____________________________

List extracurricular activities in college:

________________________________________________________________

________________________________________________________________
NANNY EMPLOYMENT APPLICATION

PAGE 7

Hobbies and Interests
Professional Affiliations: ______________________________________________________

Do you have any other skills (dance, music, crafts, sports, etc.) that relate to children's activities?

___________________________________________________________________________
__

Describe your future goals: ____________________________________________________

___________________________________________________________________________
__

What do like most about being a nanny? __________________________________________

___________________________________________________________________________
__

What do like least about being a nanny? __________________________________________

___________________________________________________________________________
__

Is there anything else you would like us to know? ________________________________

___________________________________________________________________________
__

___________________________________________________________________________
__

___________________________________________________________________________
__

___________________________________________________________________________
__
Medical/Mental Health Information

In order to assure safe child care we must know about medical and psychiatric conditions that could affect your ability to perform the job.

Are you presently suffering from any communicable disease(s) that could be transmitted to a child you are caring for?  ☐ Yes  ☐ No

If yes, please describe: ____________________________________________________________

__________________________________________________________

Are you presently taking any medication(s), prescribed or not, that affect your judgment, coordination, levels of alertness and ability to respond in an emergency?  ☐ Yes  ☐ No

Do you have any physical condition that might impair or prevent your ability to perform any reasonably physical act normally required in the care of children?  ☐ Yes  ☐ No

Do you have any mental condition that might impair or prevent your ability to protect a child from harm or that could impair your judgment?  ☐ Yes  ☐ No

Emergency Contact Information

Who do we call in an emergency?

Name: ___________________ Phone #: ___________________ Relation: _______________

Name: ___________________ Phone #: ___________________ Relation: _______________

Name: ___________________ Phone #: ___________________ Relation: _______________

I hereby certify that the information contained herein is true and correct to the best of my knowledge.

Signature: ________________________ Date: ___________________