



ATLANTA NANNY CONNECTION

NANNY APPLICATION

First Name Last Name Email

Address City State Zip

Phone Number Birth Date

Social Security Number DL Number State

Do you have a car? Languages Spoken

Are you currently CPR certified? If no, will you be willing to?

JOB PREFERENCES

Full-time: Part-time: Babysitting: Live-in: Live-out: *(check all that apply)*

Are you available for overnights with notice?

What days/hours are you available?

What age groups do you prefer to care for?

What is the maximum number of children you will care for? Twins?

Will you work with children that have a disability?

Do you have any childhood development education?

Are you willing to help with homework?

Will you do light or full housekeeping?

Will you cook for the children or the family?

Will you work in a house with pets?

Have you ever been terminated from a position, if so why?

What type of vehicle do you drive, willing to use for work?



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Do you have experience driving children around?

Are you comfortable running errands?

What date can you start?

Expected hourly rate?

Signature

Date

Upload form or email to jenna@atlantanannyconnection.com