

# Nannies As Needed Provider Application

## Welcome to Nannies As Needed

Hopefully you have already fully explored our Website:

<http://www.nanniesasneeded.com/>

And, if you have seen us on Facebook, you'll get a good sense as to what we are all about:

<https://www.facebook.com/Nannies-As-Needed-185951508127586/>

We are delighted that you are interested in applying for a position with us! But first, do you have...

A reliable vehicle?  A smart phone?  E-mail access?

If you have said "yes" to all 3, please complete the following application and e-mail it back to us at the address below.

If you have any questions at all or just need a little guidance in completing your application, please call our HR Manager, Ellen Nilsen on 203-451-3275

We are here to help!

**Best of Luck!**

### Contact Information

**Main:** (203) 874-4939 or (860) 992-3280

**Fax:** (203) 878-1339

**After Hours Priority Line:** (203) 451-3276

**E-mail:** nanniesasneeded@aol.com

# NANNIES AS NEEDED, LLC

## Provider Application (Page 1)

### Personal Information:

Name: \_\_\_\_\_ Soc. Sec No: \_\_\_\_\_

Street: \_\_\_\_\_ How Long?: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone : \_\_\_\_\_

### Availability:

What days/Hours are you available? S\_\_\_\_\_ M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_

T\_\_\_\_\_ F\_\_\_\_\_ S\_\_\_\_\_

### Employment History (Beginning with most recent employer):

From	To	Employer's Name/Address/Phone	Salary
Title/Duties		Reason for Leaving	May we contact ?
			Yes No

From	To	Employer's Name/Address/Phone	Salary
Title/Duties		Reason for Leaving	May we contact ?
			Yes No

From	To	Employer's Name/Address/Phone	Salary
Title/Duties		Reason for Leaving	May we contact ?
			Yes No

### Education:

Name and Address of School	Area of Study	Dates Attended	Degree
High school:			
College:			
Other:			

**References:**

Please provide information on three references that we can contact by phone. List the best number to reach each. **References must be unrelated to you.** Please advise your references that we will be contacting them. **Please note that references must be verified as a condition of employment.**

Name	Address	Phone	Years Known

Name	Address	Phone	Years Known

Name	Address	Phone	Years Known

**Personal:**

Please describe your overall health: \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_ If so, to what and what is your reaction: \_\_\_\_\_

Have you been immunized against the following:

Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Diphtheria \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Tetanus \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Do you object to smoking? \_\_\_\_\_

**Training/Certifications:**

First Aid \_\_\_\_\_ CPR \_\_\_\_\_ AED \_\_\_\_\_ Life Saving \_\_\_\_\_ Epi Pen \_\_\_\_\_ Water Safety \_\_\_\_\_

Other \_\_\_\_\_

**Childcare Experience:**

*The following information will help us best match your skills, your preferences, as well as your over all comfort level for a potential job placement. **Please answer completely.***

Please indicate the ages of your childcare experience:

0 - 2 mo \_\_\_\_\_ 2 - 6 mo \_\_\_\_\_ 6 mo - 1 yr \_\_\_\_\_ 1 - 2 yrs \_\_\_\_\_ 2 - 4 yrs \_\_\_\_\_ 4 - 6 yrs \_\_\_\_\_ 6 yrs + \_\_\_\_\_

Are you willing to consider a child with special needs? \_\_\_\_\_ Do you have specific experience? \_\_\_\_\_

\_\_\_\_\_

Do you have any objections to pets? \_\_\_\_\_ If so, which ones? \_\_\_\_\_

Can you swim? \_\_\_\_\_ What experience do you have supervising children in or around water? \_\_\_\_\_

\_\_\_\_\_

Are you willing to transport children in your car? \_\_\_\_\_ Client's car? \_\_\_\_\_

Are you willing to do household chores while sitting? \_\_\_\_\_

**Baby Sitting - Special Characteristics :**

Do you speak another language? \_\_\_\_\_ Which one(s) \_\_\_\_\_

Can you help with homework? \_\_\_\_\_

What are your special childcare activities that you do on a job that makes you different from other providers?

\_\_\_\_\_

What are your hobbies, sports or special interests: \_\_\_\_\_

**Other NAN Services - Your Strengths & Interests:**

*Please note your preferences and level of experience.*

**Elder Companionship:**

**Check off if interested:**

**Experience:** \_\_\_\_\_ :

**Companionship Transportation**

\_\_\_\_\_

**Medical Appointments**

\_\_\_\_\_

**Pet Care**

\_\_\_\_\_

**Grocery Shopping**

\_\_\_\_\_

**Errands**

\_\_\_\_\_

**Odd Jobs**

\_\_\_\_\_

**Elder Companionship:** (continued):

Check off if interested:

- Walks
- Meal Preparation
- Reading/Storytelling
- Light Housekeeping
- Packing and Moving

Experience:

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**Transportation:**

Check off if interested:

- Pickups
- Day Trips
- Drop offs
- Errands
- One-Way Runs
- Local Runs

Experience:

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**HELP:**

Check off if interested:

- Laundry
- Transportation
- Dog Walking
- Pet Care
- Grocery Shopping
- Organizing
- House Sitting
- Meal Preparation
- Parties & Events
- Utility Appointments
- Light Housekeeping

Experience:

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**HELP:** (continued):

**Check off if interested:**

**Experience:**

Packing & Moving

\_\_\_\_\_

Odds & Ends

\_\_\_\_\_

**Contact Information - Required**

How did you first hear about us? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Who do you know that works for us? \_\_\_\_\_

In case of emergency, who should we notify?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Office Use Only: Application Fee: Cash \_\_\_\_\_ Check #: \_\_\_\_\_  
Debit/Credit Card: \_\_\_\_\_ Exp: \_\_\_\_\_ CW: \_\_\_\_\_

**NANNIES AS NEEDED, LLC**  
**Terms and Conditions**

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*Please read carefully:*

I certify that the information I have provided is true and complete to the best of my knowledge. I authorize investigation of all statements contained herein. I understand that Nannies As Needed, LLC (a.k.a. NAN) acts as a referral agent to prospective employers. Nannies As Needed, LLC assumes no liability or responsibility for any act of an employer or their employees.

I agree that I will not work independently for any family first referred to me either directly or indirectly by Nannies As Needed, LLC without first informing Nannies As Needed, LLC. I understand that failure to do so will subject both me and the contracted family to severe financial and legal penalties. I agree that I will promptly notify Nannies As Needed, LLC whenever my availability (personal schedule) changes such that other providers will be given an opportunity for said jobs otherwise reserved for me. I recognized that I am part of a TEAM and will act accordingly.

I agree to pay Nannies As Needed their fees + CT State Sales Tax (6.35 %) for each job secured through this agency to cover a portion of the costs for fees incurred for each and every job. I further agree to keep my account current and failure to do so will be cause for possible termination based upon the sole discretion of Nannies As Needed. Overdue accounts will be subject to collection and the associated fees by a third party agent. I understand that these rates are subject to change with a 30 day notice.

I agree to adhere to all Nannies As Needed policy and procedures both current and as they evolve with the growth of the business.

I agree to pay Nannies As Needed a non-refundable application fee of \$20.00 for the verification of all references and other security checks as necessary to complete this application.

I acknowledge that I have read and understand all of the above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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**VERIFICATION OF INTENT**

Initial    Date

\_\_\_\_\_    \_\_\_\_\_    I have reviewed the NAN Website.

\_\_\_\_\_    \_\_\_\_\_    I have viewed the NAN Facebook from 4/1/2017 to date.