

MORNINGSIDE NANNIES APPLICATION FOR EMPLOYMENT

LEGAL NAME:

LAST

FIRST

MIDDLE

HOME ADDRESS:

NUMBER

STREET

CITY

STATE

ZIP

DAYTIME PHONE:

CELL PHONE:

EMAIL ADDRESS:

HIGHEST LEVEL OF EDUCATION:

- ☐ GED
- ☐ HIGH SCHOOL
- ☐ SOME COLLEGE
- ☐ ASSOCIATES DEGREE
- ☐ UNDERGRADUATE DEGREE
- ☐ MASTERS DEGREE
- ☐ DOCTORATE DEGREE
- ☐ NANNY TRAINING COARSE

MAJOR:

MAJOR:

MAJOR:

MAJOR:

NAME OF SCHOOL

MINOR:

MINOR:

MINOR:

PROFESSIONAL EXPERIENCE:

- ☐ NANNY YEARS OF EXPERIENCE
- ☐ INFANT CARE SPECIALIST YEARS OF EXPERIENCE
- ☐ GOVERNESS YEARS OF EXPERIENCE
- ☐ TEACHER YEARS OF EXPERIENCE
- ☐ TUTOR YEARS OF EXPERIENCE
- ☐ NURSE YEARS OF EXPERIENCE
- ☐ BABYSITTER YEARS OF EXPERIENCE
- ☐ NURSERY WORKER YEARS OF EXPERIENCE
- ☐ YOUNGER SIBLINGS EXPLAIN:
- ☐ MOTHER/GRANDMOTHER EXPLAIN:
- ☐ CHILD RELATED STUDIES EXPLAIN
- ☐ CAMP COUNSELLOR EXPLAIN:
- ☐ AFTER SCHOOL PROGRAM EXPLAIN:
- ☐ INSTRUCTOR (DANCE, SWIMMING, ART) EXPLAIN:
- ☐ OTHER _____

GRADE/SUBJECT
GRADE/SUBJECT
DEPARTMENT

CERTIFICATIONS OR LICENSES:

- ☐ INFANT AND CHILD CPR CURRENT EXPIRED
- ☐ FIRST AID CURRENT EXPIRED
- ☐ TEACHER'S CERTIFICATION CURRENT EXPIRED
- ☐ NURSE'S LICENSE CURRENT EXPIRED
- ☐ NANNY CERTIFICATION
- ☐ GOVERNESS CERTIFICATION

☐ **OTHER**

CONTINUING EDUCATION

- ☐ **COMMUNITY COLLEGE COURSES**
☐ **LEARNING CENTER COURSES**
☐ **AFFILIATED WITH A LOCAL NANNY GROUP**
☐ **AFFILIATED WITH A NATIONAL/INTERNATIONAL NANNY GROUP**
☐ **OTHER**
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DO YOU HOLD A CURRENT DRIVER'S LICENSE?	YES	NO
DO YOU HAVE YOUR OWN VEHICLE?	YES	NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	YES	NO

ARE YOU SEEKING A FULL TIME LIVE OUT NANNY POSITION?	YES	NO
ARE YOU SEEKING A FULL TIME LIVE IN NANNY POSITION?	YES	NO
ARE YOU SEEKING A PART-TIME POSITION?	YES	NO

IF PART-TIME, WHAT IS YOUR AVAILABILITY? _____
OTHER: _____

WHAT IS YOUR GROSS SALARY REQUIREMENT? CHOOSE ONE OF THE FOLLOWING:

- ☐ **ANNUALLY** \$ _____
☐ **WEEKLY** \$ _____
☐ **HOURLY** \$ _____

ADDITIONAL INFORMATION THAT YOU WOULD LIKE US TO KNOW:
