



## NANNY APPLICATION

Staffing for your *home* | Coaching for your *life* | Essentials for your *health*

Please Fill In Application Completely

### A. CONTACT INFORMATION

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Phone #(day): \_\_\_\_\_ Your Cell Phone #: \_\_\_\_\_

Your Fax #: \_\_\_\_\_ Your Email: \_\_\_\_\_

Your Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

Your City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Citizenship: \_\_\_ US Citizen \_\_\_ Resident Alien Card \_\_\_ Green Card \_\_\_ Work **Visa**

Date of Visa/Green Card, if applicable: \_\_\_\_\_

Number of Visa/Green Card, if applicable: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Looking for: \_\_\_ Live-In \_\_\_ Live-Out \_\_\_ Part-Time \_\_\_ Full-Time

\_\_\_ Temporary \_\_\_ Permanent \_\_\_ Summer Only

(Please check all that apply above)

Are you at least eighteen years of age? \_\_\_\_\_

How did you hear of Indigo Lifestyle Solutions, Inc?

*(Please give name if referred to us by someone)*

\_\_\_\_\_



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## B. BACKGROUND INFORMATION

Date of Birth: \_\_\_\_\_

Marital Status:

\_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

How long have you been in the U.S.A? \_\_\_\_\_

Can you accept legal employment in the U.S.A.? \_\_\_\_\_

## C. CHILDCARE EXPERIENCE

Please indicate how many years you have been a caregiver/nanny for each that are applicable.

Live-In Nanny \_\_\_\_\_ # years

Own Children \_\_\_\_\_ # years

Live-Out Nanny \_\_\_\_\_ #years

Niece/Nephew: \_\_\_\_\_ # years

Babysitter: \_\_\_\_\_ # years

Camp Counselor \_\_\_\_\_ # years

Au Pair: \_\_\_\_\_ # years

Special Needs Child \_\_\_\_\_ # years

Student Teacher \_\_\_\_\_ # years

Siblings: \_\_\_\_\_ # years

Baby Nurse \_\_\_\_\_ # years

Home Health Aid/Companion \_\_\_\_\_ #years

Total Number of years' experience as a nanny: \_\_\_\_\_

Are you willing to care for a special needs child? \_\_\_\_\_

Please describe your experience as a

Nanny: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Which of the following ages do you have experience with? (other than your own children)

\_\_\_\_\_ Newborn \_\_\_\_\_ 6 to 24 months \_\_\_\_\_ 2-5 years \_\_\_\_\_ 6-12 years

Have you ever done any of the following? (Please check all that apply)

- \_\_\_\_\_ Cared for a nursing baby      \_\_\_\_\_ Prepared Meals      \_\_\_\_\_ Cooked for a child
- \_\_\_\_\_ Cared for twins/triplets      \_\_\_\_\_ Gave Medication      \_\_\_\_\_ Read to a child
- \_\_\_\_\_ Prepared Formula      \_\_\_\_\_ Gave solid foods to baby      \_\_\_\_\_ stayed overnight
- \_\_\_\_\_ Helped child with homework      \_\_\_\_\_ Helped potty train a toddler      \_\_\_\_\_ Bath child
- \_\_\_\_\_ Helped child to swim      \_\_\_\_\_ Cared for ill children      \_\_\_\_\_ Need for discipline

Have you raised your own children? \_\_\_\_\_yes \_\_\_\_\_no

If yes, how many? \_\_\_\_\_

## D. HOUSEKEEPING DUTIES

1. Please indicate what duties you would be willing to provide the family:

- \_\_\_\_\_ Full Housekeeping      \_\_\_\_\_ Prepare Meals for Family
- \_\_\_\_\_ Light Housekeeping      \_\_\_\_\_ Prepare Meals for Children
- \_\_\_\_\_ Family Laundry      \_\_\_\_\_ Drive Children to Activities/School
- \_\_\_\_\_ Children’s Laundry      \_\_\_\_\_ Pet Care (feed, give fresh water, walk, let out)
- \_\_\_\_\_ Run Errands      \_\_\_\_\_ Cooking (simple/gourmet?)
- \_\_\_\_\_ Ironing      \_\_\_\_\_ Organize Children’s bedrooms
- \_\_\_\_\_ Accompany Family on Outings      \_\_\_\_\_ Assist with Birthday Parties
- \_\_\_\_\_ Record Telephone Messages      \_\_\_\_\_ Travel with Family
- \_\_\_\_\_ Grocery Shopping      \_\_\_\_\_ Other \_\_\_\_\_

## E. TRANSPORTATION INFORMATION

1. Do you have a valid driver’s license? \_\_\_\_\_yes \_\_\_\_\_no  
License number? \_\_\_\_\_  
State issued? \_\_\_\_\_ Expiration Date: \_\_\_\_\_
2. Any driver’s license issued in any other state in the last five years? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, provide details: \_\_\_\_\_
3. Can you provide your own transportation? \_\_\_\_\_yes \_\_\_\_\_no
4. What is the year, make and model of your vehicle? \_\_\_\_\_



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5. Number of accidents/moving violations in which you were a driver in last four years? \_\_\_\_\_

### **F. EMPLOYMENT PREFERENCES**

1. Your salary requirement:

\_\_\_\_\_ per hour \_\_\_\_\_ per week \_\_\_\_\_ per month

2. Are you willing to work overtime? \_\_\_\_\_ yes \_\_\_\_\_ no

3. How many hours/days do you prefer to work per week? \_\_\_\_\_ hours  
\_\_\_\_\_ days

4. Are there any specific days of the week you are only available?  
\_\_\_\_\_

5. Are there any specific times of the week you are only available? \_\_\_\_\_

6. What is your available start  
date? \_\_\_\_\_

7. Are you willing to relocate? \_\_\_\_\_

8. If you are willing to relocate, what are your relocation limitations or desires or states you  
are interested in for employment?  
\_\_\_\_\_

9. Indicate which specific counties, cities, townships, boroughs you're interested in for  
employment below. Your first choice will be in the first entry line and so forth for location  
preferences. You will only be considered for the locations you enter as your choices below.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_



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### G. PERSONAL INFORMATION

1. Have you ever been convicted of a crime? \_\_\_\_\_yes \_\_\_\_\_no

(If yes, please explain): \_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been named as a perpetrator in a report of child abuse or neglect? \_\_yes  
\_\_\_\_no

( If yes,please explain): \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been arrested? \_\_\_\_\_yes \_\_\_\_\_no

(If yes, please explain): \_\_\_\_\_  
\_\_\_\_\_

4. Do you have any DUI's? (driving under influence) against your record? \_\_\_\_\_yes \_\_\_\_\_no

5. Do you smoke? \_\_\_\_\_yes \_\_\_\_\_no

6. Do you drink alcoholic beverages? \_\_\_\_yes \_\_\_\_no

(If so, how often)? \_\_\_\_socially \_\_\_\_occasionally \_\_\_\_\_frequently \_\_\_\_\_daily

7. Have you ever received counseling or treatment related to chemical dependency on drugs or alcohol in the past five years? \_\_\_\_\_yes \_\_\_\_\_no

8. Do you know how to swim? \_\_\_\_\_yes \_\_\_\_\_no

9. What are your interests and hobbies?  
\_\_\_\_\_  
\_\_\_\_\_



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### H. HEALTH

1. Do you have any dietary restrictions? \_\_\_\_\_ yes \_\_\_\_\_ no If so, please explain: \_\_\_\_\_
2. How is your general health? \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor
3. Do you take any prescribed medications? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, what for? \_\_\_\_\_
4. Do you have allergies? \_\_\_\_\_
5. Do you have any psychological problems? \_\_\_\_\_
6. Are you physically able to perform this position? \_\_\_\_\_ yes \_\_\_\_\_ no
7. Do you have any physical limitations or impairments? \_\_\_\_\_ yes \_\_\_\_\_ no Please explain if yes: \_\_\_\_\_
8. Are you able to travel domestically, if needed? \_\_\_\_\_ yes \_\_\_\_\_ no
9. Are you able to travel internationally, if needed? \_\_\_\_\_ yes \_\_\_\_\_ no
10. Are you able to work twelve hour days, if needed? \_\_\_\_\_ yes \_\_\_\_\_ no
11. What is your height? \_\_\_\_\_ Is your weight in proportion to your height? \_\_\_\_\_
12. What is your hair color? \_\_\_\_\_ Eye Color? \_\_\_\_\_



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### I. EDUCATION INFORMATION

1. Highest level of education completed: \_\_\_\_\_
2. Name of last school/college attended: \_\_\_\_\_
3. Year of Graduation from High School: \_\_\_\_\_ College: \_\_\_\_\_
4. Major in College: \_\_\_\_\_
5. Degree Earned: \_\_\_\_\_
6. Additional Education: \_\_\_\_\_
7. Child-related professional training or courses: (list name of institution and courses and list any nanny, home health aid, nurse training, childcare, first aid, CPR courses taken.)  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you have CPR certification? \_\_\_\_\_ yes \_\_\_\_\_ no
9. Do you have First Aid certification? \_\_\_\_\_ yes \_\_\_\_\_ no
10. Do you have clearances? \_\_\_\_\_ yes \_\_\_\_\_ no

### J. EMPLOYMENT HISTORY

Please begin with the most recent position. Please list all positions, not just childcare if you have worked in other areas. Also include any camp counselor, student teaching, babysitting, childcare positions, 24 hour child care, etc.

1. Employer's Name: \_\_\_\_\_ Your Position: \_\_\_\_\_  
If childcare, was it live-in or live-out? \_\_\_\_\_ Part-time or Full-time? \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_  
Last Salary: \_\_\_\_\_  
Employer's Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
May we call? \_\_\_\_\_ yes \_\_\_\_\_ no  
Ages of children when you started the position: \_\_\_\_\_



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Describe your work and responsibilities: (e.g. did you cook, clean, iron, or childcare only?)

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Reason for leaving:

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2. . Employer's Name: \_\_\_\_\_ Your Position: \_\_\_\_\_

If childcare, was it live-in or live-out? \_\_\_\_\_ Part-time or Full-time? \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Last Salary: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

May we call? \_\_\_\_\_ yes \_\_\_\_\_ no

Ages of children when you started the position: \_\_\_\_\_

Describe your work and responsibilities: (e.g. did you cook, clean, iron, or childcare only?)

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Reason for leaving:

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3. . Employer's Name: \_\_\_\_\_ Your Position: \_\_\_\_\_

If childcare, was it live-in or live-out? \_\_\_\_\_ Part-time or Full-time? \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Last Salary: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

May we call? \_\_\_\_\_ yes \_\_\_\_\_ no

Ages of children when you started the position: \_\_\_\_\_

Describe your work and responsibilities: (e.g. did you cook, clean, iron, or childcare only?)

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Reason for leaving:

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4. . Employer's Name: \_\_\_\_\_ Your Position: \_\_\_\_\_

If childcare, was it live-in or live-out? \_\_\_\_\_ Part-time or Full-time? \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Last Salary: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

May we call? \_\_\_\_\_ yes \_\_\_\_\_ no

Ages of children when you started the position: \_\_\_\_\_



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Describe your work and responsibilities: (e.g. did you cook, clean, iron, or childcare only?)

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Reason for leaving:

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5. . Employer's Name: \_\_\_\_\_ Your Position: \_\_\_\_\_

If childcare, was it live-in or live-out? \_\_\_\_\_ Part-time or Full-time? \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Last Salary: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

May we call? \_\_\_\_\_ yes \_\_\_\_\_ no

Ages of children when you started the position: \_\_\_\_\_

Describe your work and responsibilities: (e.g. did you cook, clean, iron, or childcare only?)

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Reason for leaving:

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### **K. PERSONAL REFERENCES**

Please provide three personal and three professional references if possible. Personal references should have known you at least three years. No Relatives! Professional references could be previous employers, teachers, clergy, friends, neighbors, etc. No Relatives!

#### **PERSONAL REFERENCES:**

1. Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

3. Name (OPTIONAL 3<sup>RD</sup> REFERENCE) \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

#### **PROFESSIONAL REFERENCES:**

1. Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_



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3. Name (OPTIONAL 3<sup>RD</sup> REFERENCE) \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### L. Additional information

Please indicate why you want to be a Nanny?

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What skills do you possess to be an excellent Nanny/Caregiver?

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Indicate why you are seeking new employment:

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Are you interested in learning about health and wellness for yourself and the children/family you care for?

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## NANNY APPLICATION

### APPLICATION ATTESTATION

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By signing this Nanny Application document, I hereby certify that the above answers to all the questions are true and complete to the best of my knowledge. I fully understand and accept that misrepresentation of this information will terminate my/our relationship with Indigo. I understand that Indigo customers will rely on some or all of this information when entering into an agreement with me. I understand that Indigo acts only as a liaison and assumes no responsibility for any act of employer or employee. I agree not to hold Indigo responsible for any claims arising out of my employment as a Nanny/Caregiver. I agree not to take any position Indigo refers me to for which Indigo is not paid by my new employer. I agree to keep Indigo informed regarding my current telephone number and job availability. I agree to Indigo when I accept a position through their efforts and to notify Indigo if and when I leave that employment.

I understand that in the process of referring me for employment, you may need to request information about me which may include, but not limited to, information on my character, driving record, social security verification, police record, and past employment, all of which may be disclosed to any potential employers. I also grant you all permissions necessary to obtain such information.

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