



NORTH SHORE
NANNIES

PLACEMENT QUESTIONNAIRE

Name: _____ Soc. Sec. No.: _____

Street: _____ How long at this address? _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Email _____ Best time to call _____

AVAILABILITY:

Full-time Permanent Live-in Live-out Salary desired _____

Part-time Permanent

Temporary Days Evenings Weekend Overnight

Please describe your schedule and any restrictions on you time. _____

When are you available to begin work. _____

EMPLOYMENT HISTORY (Beginning with most recent employer)

From	To	Employers Name/Address/Phone	Start Salary	End Salary

Title/duties:	Reason for leaving:
---------------	---------------------

From	To	Employers Name/Address/Phone	Start Salary	End Salary

Title/duties:	Reason for leaving:
---------------	---------------------

From	To	Employers Name/Address/Phone	Start Salary	End Salary

Title/duties:	Reason for leaving:
---------------	---------------------

From	To	Employers Name/Address/Phone	Start Salary	End Salary

Title/duties:	Reason for leaving:
---------------	---------------------

Please explain any gaps in your employment history over the last five years. _____

EDUCATION

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

Trainings/Certifications: First Aid CPR Live Saving Water Safety CNA
 Other Please describe _____

Please describe any relevant course work you have completed, volunteer work or internship. _____

CHILD CARE REFERENCES

Please provide information on three references we may contact by phone, email or mail. Where possible, include work and home phone numbers. Professional references must be unrelated to you.

Name	Address	Phone	Email	Years known

Under what circumstances has this individual observed you with children?

Name	Address	Phone	Email	Years known

Under what circumstances has this individual observed you with children?

Name	Address	Phone	Email	Years known

Under what circumstances has this individual observed you with children?

Please answer the following questions about yourself and the type of situation you are looking for:

What ages of children do you feel most comfortable with? _____

How many children will you care for? _____

Are you willing to consider a child with special needs? _____

Are you willing to travel with a family? _____

Can you provide occasional overnight care? _____

In addition to domestic tasks related to the care of the children, please indicate any household tasks you are willing to assume:

Yes No

Starting dinner

Meal prep for family

Family laundry

Ironing

Making beds

Dusting

Yes No

Vacuuming

Errands

Grocery shopping

Full house cleaning (including bathrooms/floors)

Driving children to school/activities

Drivers license #: _____ State of issue _____

Do you own a car? Yes No Make/model _____

Is the car insured? Yes No Name of insurance company _____

Please describe your driving record: _____

Are you willing to use your vehicle to transport children? Yes No

Do you take any prescribed medications? _____ If yes, please list medications and their purpose. _____

Do you have any restrictions on lifting? Yes No If yes, please describe. _____

Do you have any allergies? _____

Do you have any objections to pets? _____

Do you smoke? Yes No If yes, please describe. _____

Can you swim: Yes No Are you confident supervising children around water? _____

Tell us about any hobbies or special interests. _____

What are your strengths as a caregiver? _____

If happy, how long would you expect to stay in a nanny position? _____

What are your future goals? _____

In case of emergency, who should we notify? _____

CANDIDATE PLACEMENT AGREEMENT

Please read the following information carefully. Indicate your agreement with each item by initialing next to Sign and date at the bottom.

- The information provided on my placement questionnaire is true and correct to the best of my knowledge. I authorize investigation of all statements contained herein.
- I understand that North Shore Nannies of Illinois, Inc. (NSN) acts as referral agent to prospective employers. NSN assumes no liability or responsibility for any act of an employer or their employee.
- I will not work for any family referred to me by NSN, either directly or indirectly, without notifying the agency. I understand that families are required to pay placement fees for such referrals. I agree that I will not be party to any attempt to avoid said fees.
- I will not act in the role of agent by introducing individuals other than myself to clients of NSN for purposes of employment.
- I acknowledge that I have read and agree to the above. Any questions I have have been fully answered by NSN staff. I understand that I will be subject to severe penalties and legal costs should I fail to adhere to this agreement.

Accepted and agreed:

Candidate signature _____ Date _____