



Big Sky Nanny, LLC.
 PO Box 18243 Missoula, MT 59808
 406-240-0231
 bigskynanny@gmail.com
 www.bigskynanny.com

Date: _____

Nanny Application

General Information:

Name:		
Maiden Name:	Other Name(s)/Alias:	
Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Work Phone:	Best way to reach you?	
Email Address:	Gender:	
Date of Birth:	Social Security #:	

- ◆ How did you hear about us? _____
- ◆ When are you available to start working? _____
- ◆ Are you willing to commit to your hiring family for a minimum of one year? YES NO
 If No, how long? _____
- ◆ Are you eligible to legally work in the United States? YES NO
- ◆ Are you willing to relocate? YES NO
 If yes, please list ALL areas of the state/country you would consider: _____

- ◆ What languages can you speak? _____

Employment Preferences:

Please mark all of the areas that you are interested in:

(See Nanny Placement Opportunities paper in Nanny Application Packet for job descriptions of each option)

- | | | |
|---|--|--|
| <input type="checkbox"/> Full-time Live-In Nanny | <input type="checkbox"/> Wedding/Special Event Nanny | <input type="checkbox"/> After School Nanny |
| <input type="checkbox"/> Full-time Live-Out Nanny | <input type="checkbox"/> Infant Care | <input type="checkbox"/> Household Manager/Assistant |
| <input type="checkbox"/> Part-time Live-In Nanny | <input type="checkbox"/> Toddler Care | <input type="checkbox"/> Full-Time Summer Nanny |
| <input type="checkbox"/> Part-time Live-Out Nanny | <input type="checkbox"/> School-Aged Care | <input type="checkbox"/> Part-Time Summer Nanny |
| <input type="checkbox"/> Occasional Baby Sitter/On Call | <input type="checkbox"/> Care of Children with Special Needs | <input type="checkbox"/> Parent's Helper |
| <input type="checkbox"/> Hotel/Vacation Nanny | <input type="checkbox"/> Newborn Specialist | <input type="checkbox"/> Pet Sitter |

- ◆ What is your desired salary? Weekly: \$_____ or Hourly: \$_____
- ◆ Which age group and how many children do you prefer to work with? _____
- ◆ What is the maximum number of children you are willing to care for? _____
- ◆ Would you take a job in a home with Cats Dogs Birds
- ◆ Are there any pets that would keep you from accepting a job with a family? _____
- ◆ Would you take a job where either or both parents work from a home office? YES NO

- ◆ Would you take a job where one of the parents is a stay-at-home mom/dad? YES NO
- ◆ Would you take a job in the home of a smoker? YES NO
- ◆ Would you work in a single parent home? YES NO

Please check **ALL** of the duties you are willing to perform:

- Organizing Activities for the children - Art projects, Play Dates, etc.
- Running Family Errands - Grocery Store, Post Office, etc.
- Transporting Children to/from school, activities, etc. in Family's Vehicle
- Transporting Children to/from school, activities, etc. in Your Vehicle
- Cooking Meals for the Children
- Cooking Meals for the Family (usually dinner only)
- Homework Help
- Accompany Family on outings and vacations
- Scheduling appointments (doctor, haircuts, etc.) when requested by parents
- Children's Laundry
- Family's Laundry
- Ironing
- Changing the Children's sheets on their crib/beds
- Tidy playroom, family room, kids' rooms, etc. after playing
- Tidy Kitchen after use - fill/empty dishwasher, wash dishes, clean up after meal prep, etc.
- Dusting, vacuuming, light housework when needed (very well defined in Employment Agreement)
- Pet Care - Feeding, Letting inside/outside, Walking, etc.
- Full Housekeeping (only if the children are in school all day)

What is Your Availability?

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

- ◆ Are the hours and days listed above flexible? YES NO Please explain: _____
- ◆ Do you know how to swim? YES NO Are you Lifeguard Certified? YES NO
- ◆ Are you currently certified in Infant and Child CPR? YES NO First Aid? YES NO
 If Yes, When do they expire? First Aid: _____ CPR: _____
 If No, do you agree to become certified prior to or upon placement as a nanny? YES NO

Interests:

- ◆ Do you play any instruments? YES NO If yes, which ones? _____
- ◆ Do you play any sports or participate in any other physical activities? _____
- ◆ Do you like pets? YES NO Are you allergic to any animals? _____

Please list and describe your hobbies and interests: _____

On a scale of 1 to 10 (10 being the highest), please rate the following as honestly as possible:

- | | |
|--|------------------------------------|
| _____ Ability to be a Self-Starter | _____ Control of Temper |
| _____ Sense of Humor | _____ Ability to Follow Directions |
| _____ Patience | _____ Honesty |
| _____ Common Sense | _____ Neatness |
| _____ Ability to Make Friends | _____ Maturity |
| _____ Ability to Speak Up when Something Bothers You | |

How would you describe yourself? Check all that apply and add any other qualities you want to include:

- | | | |
|---|--|---|
| <input type="checkbox"/> Artistic | <input type="checkbox"/> Vegetarian or Vegan | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Organized | <input type="checkbox"/> Book Worm | <input type="checkbox"/> Laid Back |
| <input type="checkbox"/> Politically Active | <input type="checkbox"/> Religious | <input type="checkbox"/> Musical |
| <input type="checkbox"/> Health Oriented | <input type="checkbox"/> T. V. Fan | <input type="checkbox"/> Enjoys Cooking |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Outgoing | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Outdoorsy | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Movie Fan | |

- ◆ What is your marital status? Single Married Divorced Engaged Widowed
- ◆ Do you have children? YES NO If yes, how many? _____ Age(s)? _____
- ◆ Do your children require childcare? YES NO If yes, what is their current childcare arrangement? _____

- ◆ Are you pregnant or planning to have a child in the next 12-24 months? YES NO MAYBE

Driving and Criminal Record:

- ◆ Do you have a valid Driver's License? YES NO ◆ Expiration date: _____
- ◆ License #: _____ ◆ State/Province: _____
- ◆ Number of accidents/moving violations in which you were the driver in the past 3 years? _____
Please explain: _____

- ◆ Are you able to drive a manual transmission vehicle? YES NO
- ◆ Do you own a vehicle? YES NO ◆ Number of seatbelts in your vehicle: _____
Year: _____ Make: _____ Model: _____
- ◆ Insurance Provider: _____
- ◆ Are you willing to use your own vehicle for work-related purposes? YES NO
- ◆ Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation), forfeited collateral, been imprisoned, or placed on probation or parole? YES NO If yes, please explain: _____

- ◆ Have you been convicted of a crime involving child or elder abuse or neglect, including sexual abuse, physical assault, or other acts of violence? YES NO
- ◆ Have you ever been named as a perpetrator in a substantiated report of child or adult abuse or neglect? YES NO

Personal Statement of Health:

- ◆ How would you rate your overall health? Excellent Good Fair Poor
- ◆ Height: _____ ◆ Weight: _____ ◆ When was your most recent medical checkup? _____

Do you have or experience any of the following?

- | | | |
|---|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Fainting or Dizziness | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> AIDS or HIV Positive | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Back or Neck Problems | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Skin Disease | |

- ◆ Do you have Health Insurance? YES NO Provider: _____
- ◆ Are you able to carry a child under 6 years old (up to 60 lbs.)? YES NO
- ◆ How often do you smoke? _____
- ◆ How often do you drink alcohol? _____
- ◆ Would you take a routine physical and/or drug test if requested? YES NO
- ◆ Do you have any dietary restrictions? YES NO
If Yes, please explain: _____
- ◆ Do you have any medical conditions that may affect your ability to work as a nanny? YES NO
If Yes, please explain: _____
- ◆ Have you had or do you currently have any mental or psychological problems? YES NO
If Yes, please explain: _____
- ◆ Do you have any allergies? (drug, food, seasonal, animal, etc.): _____
- ◆ Do you take any prescription medications? _____
- ◆ Do you have any disabilities or limits which would make you unable to perform certain jobs? YES NO
If Yes, please explain: _____
- ◆ Have you ever, or do you have a problem with alcohol or drug abuse? YES NO
If Yes, please explain: _____
- ◆ Do you have any hearing or visual impairment that may limit your ability to care for children? YES NO
If Yes, please explain: _____
- ◆ Are you presently suffering from any communicable disease(s) that could be transmitted to a child you are caring for?
 YES NO If yes, please explain: _____
- ◆ Have you received counseling or treatment related to chemical dependency on drugs, including alcohol within the past five years? YES NO

In case of an emergency, who should we contact?

Name: _____ Relationship: _____
Address: _____ Phone: _____

I certify that I have reviewed the foregoing information supplied by me and that it is true, accurate, and complete to the best of my knowledge. I further certify that I fully understand that any misstatement on my part in completing this health statement is grounds for immediate dismissal by employer/agency. I understand this information is confidential and to be used by Big Sky Nanny for the sole purpose of securing my employment as a nanny. I hereby consent to the use of this information for such purposes.

Signature

Date

Printed name of applicant

Childcare Experience:

Positions you have held (check all that apply):

- Live-In Nanny
- Live-Out Nanny
- Occasional Babysitter
- Parent
- Teacher -- What grade?
- Teacher's Aid -- What grade?
- Camp Counselor

Skills you have employed in your past childcare experience (check all that apply):

- Cared for a nursing baby
- Gave solid foods to baby (under 12 mo.)
- Provided 24 hour childcare
- Taught a child how to swim
- Cared for a sick child - Explain:
- Prepared formula for a formula-fed baby
- Administered medication to a child
- Helped potty train a toddler

◆ How many children have you cared for at one time? _____

◆ Do you have experience working with infants? YES NO
 If yes, please describe: _____

◆ Do you have experience with multiples (twins/triplets/etc)? YES NO
 If yes, please describe: _____

◆ Have you ever cared for a child with special needs? YES NO
 If yes, please describe: _____

Please mark ALL of the age groups you have experience working with:

X	Age:	How Long:	Explain:
	Newborn		
	6-24 months		
	2-5 years		
	6-12 years		
	Teenagers		

Education:

High School	Name:	Location:
	Years Attended:	Year Graduated:
College	Name:	Location:
	Years Attended:	Year Graduated:
	Major:	Minor:
	Degree Earned:	
College	Name:	Location:
	Years Attended:	Year Graduated:
	Major:	Minor:
	Degree Earned:	

- ◆ Are you currently enrolled in higher education courses? YES NO
- ◆ Are you planning to attend college in the next 12 months? YES NO
- ◆ Please describe any child-related courses or specialized training you have taken: _____

- ◆ Please list any extracurricular activities you participated in in high school and/or college: _____

Employment History:

Starting with your current or most reason job, please list all full-time, part-time, and volunteer work for the last 5 years. Please account for any gaps in employment. List all child-related experience under Childcare Experience blow.

Employer's Name _____ Supervisor _____
Email _____ City _____ State _____
Phone _____ Salary: Beginning _____ End _____
Dates Employed: From _____ To _____ Best way to Contact Employer? _____
Position Held and Duties Performed: _____

Reason for Leaving: _____

Employer's Name _____ Supervisor _____
Email _____ City _____ State _____
Phone _____ Salary: Beginning _____ End _____
Dates Employed: From _____ To _____ Best way to Contact Employer? _____
Position Held and Duties Performed: _____

Reason for Leaving: _____

Employer's Name _____ Supervisor _____
Email _____ City _____ State _____
Phone _____ Salary: Beginning _____ End _____
Dates Employed: From _____ To _____ Best way to Contact Employer? _____
Position Held and Duties Performed: _____

Reason for Leaving: _____

Employer's Name _____ Supervisor _____
Email _____ City _____ State _____
Phone _____ Salary: Beginning _____ End _____
Dates Employed: From _____ To _____ Best way to Contact Employer? _____
Position Held and Duties Performed: _____

Reason for Leaving: _____

◆ During the past 10 years, were you fired from ANY job for ANY reason? YES NO
If yes, please explain: _____

Questionnaire:

1. Describe your strengths and why you would make a good nanny: _____

2. Please describe what you have learned from your previous childcare positions: _____

3. What type of relationship do you feel there should be between you, your employer and the children in your care?

4. What do you feel is important to the growth and development of a child? _____

5. What do you feel is the best method of discipline and behavior management for a child(ren) in your care?

6. Please list three activities you would plan for EACH the following age groups:

Infant: _____

Toddler: _____

Preschooler: _____

School Aged: _____

Childcare References:

*Please list the names of families you have babysat for and other childcare experiences, i.e. daycares, church nurseries, day camps, teaching positions, etc. At least three childcare references are **required** to apply with our agency.*

Name: _____ Type of position: _____
Home/Business Phone: _____ Cell Phone: _____ Email: _____
Number of Children: _____ Ages: _____ Years Worked For: _____
Duties Performed: _____

Reason for leaving: _____

Name: _____ Type of position: _____
Home/Business Phone: _____ Cell Phone: _____ Email: _____
Number of Children: _____ Ages: _____ Years Worked For: _____
Duties Performed: _____

Reason for leaving: _____

Name: _____ Type of position: _____
Home/Business Phone: _____ Cell Phone: _____ Email: _____
Number of Children: _____ Ages: _____ Years Worked For: _____
Duties Performed: _____

Reason for leaving: _____

Name: _____ Type of position: _____
Home/Business Phone: _____ Cell Phone: _____ Email: _____
Number of Children: _____ Ages: _____ Years Worked For: _____
Duties Performed: _____

Reason for leaving: _____

Personal References:

Please list 2 people who are not related to you who have known you for at least 5 years.

Name: _____
Home Phone: _____ Cell Phone: _____
Relationship to you: _____ How long have they known you? _____

Name: _____
Home Phone: _____ Cell Phone: _____
Relationship to you: _____ How long have they known you? _____

Applicant Agreement and Disclaimer

PLEASE READ CAREFULLY AND SIGN

Not every applicant will be selected for representation by Big Sky Nanny (BSN), nor will they be selected for employment by an employer, and there is no guarantee of employment. BSN will make every effort to arrange an interview with a prospective employer when the candidate’s qualifications match the needs and requirements of the prospective employer.

I understand and agree that BSN is not responsible or liable by any act I have initiated. I will not hold BSN responsible for any claims. Any costs or fees that may have come from my employment now or in the future, including all claims, attorney fees, and court costs are my responsibility. I will not hold BSN responsible for any claims or fees against me.

I hold BSN harmless for any breaches of the Employment Agreement. I understand all understandings and agreements are solely between myself and the employer. BSN is not part of any employment agreements entered into between myself and the employer.

I understand and agree that BSN reserves the right to cease attempting to place me, at any time, for any reason, including and without limitation for failure to meet reasonable expectations of BSN or clients of BSN (which determination will be made in the sole discretion of BSN).

I agree to immediately notify BSN upon acceptance of a BSN position. I agree to sign and return the Employment Agreement to BSN.

I understand and agree that to gain employment through BSN, I must maintain or obtain current Infant and Child CPR and First Aid certification.

APPLICANT’S RELEASE: I hereby authorize Big Sky Nanny and/or their clients to contact any schools, former places of employment, references, or persons who may aid the Agency/Employer in determining my suitability for employment as a nanny. Additionally, I release those individuals and/or organizations contacted from all liability whatsoever for providing the requested information.

I certify that I am capable of performing the duties of a nanny. Any misrepresentations in the attached application shall give rise to damages for which I shall be liable. Any dispute arising between BSN and me shall be subject to Montana jurisdiction, and shall be under Montana law.

I, _____ (Nanny), acknowledge that Big Sky Nanny may request a reference check, which may include information on my character, general reputation, education, personal characteristics, driving record, police record, and past employment. I hereby authorize Big Sky Nanny to obtain any such information.

I acknowledge that I have read and understand this statement and that, to the best of my knowledge, the information provided in this application is true, complete and accurate.

I agree to inform the agency when accepting any employment with a Big Sky Nanny client family. I understand that Big Sky Nanny does not guarantee referral to client families or employment.

I agree to release and hold Big Sky Nanny harmless for any act of the employer. I also agree to hold Big Sky Nanny harmless of any claim as a result of any placement in which I am a part.

Signature: _____ Date: _____

Printed Name: _____

Big Sky Nanny Authorized Signature and Date: _____

Thank you for taking the time to complete our Nanny Application. This will aid us in finding the best possible nanny position for you based on your experience, education, and preferences. Once your application is complete, you can email it to us at **bigskynanny@gmail.com**. If you are filling it out on the computer, don't worry about signing it before you send it – We can get your signature when we meet for the agency interview. If you would prefer to print the application and fill it out, our mailing address is **P.O. Box 18243 Missoula, MT 59808** or you can scan the pages when complete and email them to us. Please don't hesitate to call our office if you have any questions or need more information: **(406) 240-0231**.

We require all of the nannies we place through Big Sky Nanny to meet these following minimum qualifications:

- Must have at least 2 years of professional childcare or nanny experience
- Must have a valid driver's license, clean driving record, reliable transportation and full-coverage insurance
- Must provide at least 3 professional childcare references from non-relatives
- Must provide proof of valid First Aid & CPR certifications, or be willing to become certified by placement date
- Must be at least 18 years old and a high school graduate or GED

If you meet or exceed these qualifications, you are eligible to be placed with a family through Big Sky Nanny. At this point, the only document we require is your completed application. However, there are ways to make your file really stand out to the families we send your information to. Other information we love to include in our nanny files are:

- Childcare-focused resume highlighting your experience and education
- Letter(s) of Recommendation
- Recent photo(s) of yourself - photos of you with kids or doing something you enjoy are best!
- Photocopy of your valid Driver's License
- Copies of First Aid and CPR certificates or cards if you have them
- School transcripts & Childcare-related courses you've completed or are currently taking
- Any other certificates/certifications, achievement awards, or courses that may apply to childcare
- Any other information that would help us and interested families get to know you

You can send any of the above information to us in the mail – **P.O. Box 18243 Missoula, MT 59808** or scan and email it to us at **bigskynanny@gmail.com**. You can also bring any additional information to the agency interview! Please contact our office if you have any questions or visit our website for more information – **www.bigskynanny.com**

Find Big Sky Nanny on Facebook!
“Like” us to stay up to date on all of our available nanny positions,
information and events!

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