



# THE MC NANNY AGENCY

If you are interested in joining our team as a  
Nanny, Housekeeper, Babysitter or Personal Assistant please  
fill this out and return it via fax to 818-301-2502 you can call 818-232-7688  
Please be aware that by signing this you authorize the MC Nanny Agency  
to run a Complete background check.  
[www.themcnannyagency.com](http://www.themcnannyagency.com)

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## NANNY APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License#: \_\_\_\_\_ State \_\_\_\_\_

Do you own a car? \_\_\_\_\_ Languages spoken \_\_\_\_\_ Lang. Read? \_\_\_\_\_

How did you find us (please check one)? \_\_\_\_\_ Flyer \_\_\_\_\_ Ad \_\_\_\_\_ Referral \_\_\_\_\_ Friend \_\_\_\_\_

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## JOB PREFERENCES

Live-In (circle one) Y/N \_\_\_\_\_ If yes, what days can you work? \_\_\_\_\_

If yes, do you require that you be able to stay on the weekends? \_\_\_\_\_

Can you do an overnight with notice? \_\_\_\_\_

Live – Out (circle one) Y/N \_\_\_\_\_

If yes, what days & hours can you work? \_\_\_\_\_

What age group do you prefer to care for? \_\_\_\_\_

Maximum number of children you will care for \_\_\_\_\_ Would you care for twins? \_\_\_\_\_

Will you work with children that have disabilities? \_\_\_\_\_

Will you do light or full housekeeping? \_\_\_\_\_

Will you cook for children and or the family? \_\_\_\_\_

Would you work in a house with pets? \_\_\_\_\_ If no, please explain why \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Have you ever been terminated from a position, if so why? \_\_\_\_\_

Have you ever left a position if so why? \_\_\_\_\_

What type of car do you drive? \_\_\_\_\_

Do you have experience driving children around? \_\_\_\_\_

Are you comfortable running errands? \_\_\_\_\_

Do you have any administrative or computer experience? \_\_\_\_\_

Have you ever worked in a Kosher home? \_\_\_\_\_

Have you ever cooked for a Kosher family? \_\_\_\_\_

When can you start? \_\_\_\_\_

What is your desired **weekly** salary (before taxes)? \_\_\_\_\_

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## PREVIOUS EMPLOYMENT

How many years of childcare experience do you have? \_\_\_\_\_

Please list your three most recent employers:

1. **Employer:** \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Travel? \_\_\_\_\_

Date job started \_\_\_\_\_ Date job ended \_\_\_\_\_ Weekly salary before taxes \_\_\_\_\_ Weekly payroll? \_\_\_\_\_

Job Title & Description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. **Employer:** \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Travel? \_\_\_\_\_

Date job started \_\_\_\_\_ Date job ended \_\_\_\_\_ Weekly salary before taxes \_\_\_\_\_ Weekly payroll? \_\_\_\_\_

Job Title & Description \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. **Employer:** \_\_\_\_\_ Phone Number \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Travel? \_\_\_\_\_

Date job started \_\_\_\_\_ Date job ended \_\_\_\_\_ Weekly salary before taxes \_\_\_\_\_ Weekly payroll? \_\_\_\_\_

Job Title & Description \_\_\_\_\_

Reason for leaving \_\_\_\_\_



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### PLEASE LIST 2 PREVIOUS ADDRESSES AND THE LENGTH OF RESIDENCY

1. Address: \_\_\_\_\_  
How many years? \_\_\_\_\_
  2. Address: \_\_\_\_\_  
How many years? \_\_\_\_\_
- 

### MEDICAL INFORMATION

In order to assure safe childcare we must know about medical and psychiatric conditions that could affect your ability to perform the job.

Are you currently taking any medication that would inhibit you from caring for a young child?

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Are you suffering from any diseases that could be transmitted to a child you are caring for?

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Do you suffer from any physical condition that would impair you from performing any reasonably required physical act normally required in the care of children? \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION

Who do we call in an emergency? \_\_\_\_\_

Contact Info: \_\_\_\_\_

Relation \_\_\_\_\_



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### CERTIFICATION OF FACTS, CONSUMER NOTIFICATION & AUTHORIZATION

I hereby certify that the information contained herein is true and correct to the best of my knowledge. If any information provided in this application is false, I understand that I will be immediately terminated from representation by *The MC Nanny Agency*. I understand that the information provided herein is extremely important in evaluating my potential to provide responsible care to infants and children and I hereby authorize *The MC Nanny Agency* to provide prospective employers any information from my application or any report ordered by *The MC Nanny Agency*.

This agreement recognizes the working relationship between you (The Babysitter) and *The MC Nanny Agency* (The Agency). The working relationship is as such; we (The Agency) find you employment and you (The Babysitter) work for families that we have a contract with. Under no uncertain terms should you (The Babysitter) work for a family that has worked with us (The Agency) without notifying us (The Agency) first. If *The MC Nanny Agency* places you (The Babysitter) with a family for a specified amount of time and you continue to work for them under your (The Babysitter) own agreement then our relationship with you (the Babysitter) will be terminated, as will our relationship with that family.

This is used to inform you that a consumer report is being obtained from a consumer-reporting agency for the purpose of evaluating you for employment. By signing below, you authorize *The MC Nanny Agency* to not only obtain a complete background report but to release information obtained from that report to prospective employers for the sole purpose of employment.

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize and request any police department or agency having knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment, including consumer report information that may include a driving record report. I am willing to have a photocopy of this authorization be accepted with the same authority as the original. I understand this authorization is to be part of the written employment application, which I sign. I have been given a copy of this form.

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

Signature \_\_\_\_\_

Date of Birth (for identification purposes only) \_\_\_\_\_

Social Security Number (for identification purposes only) \_\_\_\_\_

If name changed (through marriage or otherwise) please print former name here: \_\_\_\_\_