

Shelly's Nannies Inc.

Employer Information form

Application date: (D)_____ (M)_____ (Y)_____

Nanny starting date: Immediately ___ (D)_____ (M)_____ (Y)_____

Mother 's Name: _____

Occupation: _____

Work No: _____ Email: _____

Father's Name: _____

Occupation: _____

Work No: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone: Home: _____ Other: _____

Fax: _____ Email: _____

Nearest Subway Station: _____

Nearest Intersection: _____

Do both parents reside with the children? Yes: ___ No: ___ if no, please specify:

Mother ___ Father ___

Address: _____

City: _____ Province: _____ Postal code: _____

Children's Information:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Live in or out: Live in: ___ Live out: ___

JOB DESCRIPTION

Position: Nanny Nanny / Housekeeper
Part time Full time

Hours: _____

Expect to pay: Gross: _____
Net: _____
Monthly: Weekly:

Will you pay overtime? Yes: No:

Expected duties:

Children's laundry	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
Children's bedding	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
Family laundry	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
Family bedding	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
Children's ironing	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
Family's ironing	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
Children's cooking	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
Family cooking	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
Keep children's rooms tidy	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
Vacuuming	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Weekly: <input type="checkbox"/>	Bi-weekly: <input type="checkbox"/>
Dusting	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Weekly: <input type="checkbox"/>	Bi-weekly: <input type="checkbox"/>
Cleaning bathrooms	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Weekly: <input type="checkbox"/>	Bi-weekly: <input type="checkbox"/>
Sweeping kitchen floor	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Weekly: <input type="checkbox"/>	Bi-weekly: <input type="checkbox"/>
Washing kitchen floor	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Weekly: <input type="checkbox"/>	Bi-weekly: <input type="checkbox"/>

Any other housework tasks? (Please specify)

ADDITIONAL HOUSEHOLD INFORMATION & FUNCTIONS

Do you have a cleaning lady? Yes: ___ No: ___
If yes, how often does she come? Daily: ___ Weekly: ___
Bi-weekly: ___ Monthly: ___

Do you have any pets? Yes: ___ No: ___
Will the nanny be required to attend to the pets?
Feeding Yes: ___ No: ___
Walking the dog Yes: ___ No: ___
Other: _____

Is there accommodation for the nanny? Yes: ___ No: ___
If yes, please describe:
Private basement: Yes: ___ No: ___
Shared basement: Yes: ___ No: ___
Television: Yes: ___ No: ___
VCR: Yes: ___ No: ___
House phone: Yes: ___ No: ___
Private phone line: Yes: ___ No: ___
Other amenities: _____

Do the children attend?
Nursery school: Yes: ___ No: ___
Junior Kindergarten: Yes: ___ No: ___
Senior Kindergarten: Yes: ___ No: ___
Mornings: Yes: ___ No: ___ No. of days: ___
Afternoons: Yes: ___ No: ___ No. of days: ___
Full day: Yes: ___ No: ___

Are the children's schools within walking distance? Yes: ___ No: ___

Are the children allowed on the subway? Yes: ___ No: ___

Are the children encouraged to socialize with other children? Yes: ___ No: ___

Do you encourage outdoor activities such as parks, walks, trips to the zoo etc? Yes: ___
No: ___

Are there any other restrictions?
If yes, please specify:

Driver required?

Yes: ___
Standard: ___

No: ___
Automatic: ___

Use of car after working hours?

Yes: ___

No: ___

Paid vacation? _____

Unpaid vacations? _____

Is the nanny expected to accompany family holidays? Yes: ___ No: ___
If yes, where? _____

How often? _____

IDEAL NANNY

Any preference in nanny's age? _____

Do you mind if she has children of her own?

Qualifications: _____

Years of experience preferred: _____

Is a swimmer required? Yes: ___ No: ___

Is a smoker ok? Yes: ___ No: ___

Social smoker? Yes: ___ No: ___

Any other specific requirements? _____

Signatures(s) X _____ Date: (D) _____ (M) _____ (Y) _____

X _____

For office use only:

