



Nanny Infoform

Account # _____
 CCC _____
 Interview _____
 References _____
 Investigation _____
 Classes _____

Name: _____ Apt #: _____
 Address: _____ State: _____ Zip Code: _____
 City: _____
 General Location: _____ Travel Radius: _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 E-mail Address: _____

Do you Drive? _____ Do you Have your Own Car? _____ Make & Model _____
 How many car seats can you safely put in your car? _____
 Driver's License #: _____ State of Driver's License _____
 Ages of Children You've Cared For _____ Ages of Children You Would Prefer _____

Circle those that apply.
(Y=YES, N=NO, D=DEPENDS, S=SOMETIMES)

Do You Smoke	Y N D S	Special Needs Care	Y N D S
Prepare Meals	Y N D S	Work Flexible Hours	Y N D S
Do Housework	Y N D S	Take Your Child with You	Y N D S
Do You Like Pets	Y N D S	Can You Swim	Y N D S
Infant Experience	Y N D S	Care for the Elderly	Y N D S

Circle the Types of Jobs You Are Interested In

Full Time	Temporary	Live- In	Evening	Overnight
Part Time	Tutor Care	Summer	Weekend	Share-A-Nanny

Specific Days and Hours You Can Work: _____

Circle those that apply.

Attended High School	Attended College	Advanced Degree
High School Graduate	College Graduate	Nanny School Graduate

Languages Spoken: _____
 Other Childcare Training: _____
 Name of High School: _____ Dates Attended: _____
 Location of High School: _____ Year Graduated: _____
 Name of College: _____ Dates Attended: _____
 Location of College: _____ Year Graduated: _____
 College Field of Study: _____ Degree Obtained: _____

Start Date: _____ End Date: _____ Salary Requested: _____

How did you learn about A Choice Nanny? _____
Why do you want to become a nanny? _____

How did you get interested in childcare? _____

What qualities would make you a good nanny? _____

What do you feel children like best about you? _____

How do you deal with stress in a childcare situation? _____

What forms of discipline do you use? _____

What methods of limit setting do you use? _____

What would you do to keep a toddler busy on a rainy day? _____

How would you handle a 2-year olds temper tantrum? _____

How would you handle a 4-year old who spilled their milk? _____

How would you handle an 8-year old that is being rude & unwilling to do what he is told? _____

What activities would you plan to do with children of various ages? _____

What do you believe makes a happy childhood? _____

List below anyone else you know that may be interested in being a nanny:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

How long could you commit to a family? _____

How does a childcare job fit into your future? _____

Are signed up with any other nanny services? _____ If yes, which ones, including other ACN offices? _____

Do you use alcohol, nicotine or drugs? _____ If yes, please explain: _____

List any allergies that might affect your job? _____

Do you have any physical conditions that might affect you performance as a nanny? _____

Are you on any medication? _____ If yes, please explain: _____

Can you obtain a letter of good health from a doctor or a clinic? _____

Have you ever been convicted of a crime? _____ If yes, explain the nature of the offense, date & court outcome: _____

Have you had any speeding tickets, moving violations, accidents, traffic convictions or points on your license within the last 10 years? _____ If yes, please explain: _____

Have you been dismissed from a job? _____ Employer _____ Details: _____

Are you certified in CPR? _____ If yes, when is the expiration date: _____

Are you certified in First Aid? _____ If yes, when is the expiration date: _____

Do you have multiples experience? _____ If yes, what type (twins, triplets etc.), what age(s) and where was the experience from (daycare, private home, etc): _____

Which of the following duties are you willing to do? **Circle those that apply.**

Child's Laundry

Family Laundry

Tidy Living Area

Scrub Kitchen & Bath

Child's Meal Prep

Family Meal Prep

Light Vacuum/Dust

All Vacuum/Dust

Pet Care

Run Errands

Person To Contact In Case Of Emergency: _____

Relationship to you: _____ **Phone #:** _____

Nearest Relative NOT Living With You: _____

Relationship to you: _____ **Phone #:** _____

What is the best job you have had and why? _____

Why should a parent hire you? _____

What kind of family would you like to work for? _____

What is the hardest or most difficult situation you have had to deal with in your life? _____

What have you done that you are most proud of in your life? _____

How do you resolve conflicts with others? _____

What do you like most about yourself? _____

What do you like least about yourself? _____

If a parent comes home late everyday, how would you handle it? _____

If a parent asks you for assistance with something that is not usually in your job description, what would you do? _____

If a parent tells you that you need to improve on some of your duties, how would you react? _____

If a parent treats you unfairly, from your point of view, how would you react and how would you handle that situation? _____



NANNY CANDIDATE (NON-RELATIVE)
REFERENCE INFORMATION

Childcare References

NAME: _____ HIS/HER PROFESSION: _____
ADDRESS: _____
HOME PHONE: (_____) _____ WORK PHONE: (_____) _____
CELL PHONE: (_____) _____ E-MAIL: _____
RELATIONSHIP TO YOU: _____ DATES OF EMPLOYMENT: _____
AGES OF CHILDREN CARED FOR: _____
JOB RESPONSIBILITIES: _____
DATE AND REASON FOR LEAVING: _____

NAME: _____ HIS/HER PROFESSION: _____
ADDRESS: _____
HOME PHONE: (_____) _____ WORK PHONE: (_____) _____
CELL PHONE: (_____) _____ E-MAIL: _____
RELATIONSHIP TO YOU: _____ DATES OF EMPLOYMENT: _____
AGES OF CHILDREN CARED FOR: _____
JOB RESPONSIBILITIES: _____
DATE AND REASON FOR LEAVING: _____

NAME: _____ HIS/HER PROFESSION: _____
ADDRESS: _____
HOME PHONE: (_____) _____ WORK PHONE: (_____) _____
CELL PHONE: (_____) _____ E-MAIL: _____
RELATIONSHIP TO YOU: _____ DATES OF EMPLOYMENT: _____
AGES OF CHILDREN CARED FOR: _____
JOB RESPONSIBILITIES: _____
DATE AND REASON FOR LEAVING: _____

Personal References

NAME: _____ HIS/HER PROFESSION: _____
ADDRESS: _____
HOME PHONE: (_____) _____ WORK PHONE: (_____) _____
CELL PHONE: (_____) _____ E-MAIL: _____
RELATIONSHIP TO YOU: _____

NAME: _____ HIS/HER PROFESSION: _____
ADDRESS: _____
HOME PHONE: (_____) _____ WORK PHONE: (_____) _____
CELL PHONE: (_____) _____ E-MAIL: _____
RELATIONSHIP TO YOU: _____



PREVIOUS EMPLOYMENT
(NON-CHILDCARE)

COMPANY NAME: _____ SUITE #: _____
ADDRESS: _____ STATE: _____ ZIP CODE: _____
CITY: _____
PHONE#: (____) _____ SUPERVISOR'S NAME: _____
JOB TITLE: _____ DATES OF EMPLOYMENT: _____
REASON FOR LEAVING: _____

COMPANY NAME: _____ SUITE #: _____
ADDRESS: _____ STATE: _____ ZIP CODE: _____
CITY: _____
PHONE#: (____) _____ SUPERVISOR'S NAME: _____
JOB TITLE: _____ DATES OF EMPLOYMENT: _____
REASON FOR LEAVING: _____

COMPANY NAME: _____ SUITE #: _____
ADDRESS: _____ STATE: _____ ZIP CODE: _____
CITY: _____
PHONE#: (____) _____ SUPERVISOR'S NAME: _____
JOB TITLE: _____ DATES OF EMPLOYMENT: _____
REASON FOR LEAVING: _____

COMPANY NAME: _____ SUITE #: _____
ADDRESS: _____ STATE: _____ ZIP CODE: _____
CITY: _____
PHONE#: (____) _____ SUPERVISOR'S NAME: _____
JOB TITLE: _____ DATES OF EMPLOYMENT: _____
REASON FOR LEAVING: _____

COMPANY NAME: _____ SUITE #: _____
ADDRESS: _____ STATE: _____ ZIP CODE: _____
CITY: _____
PHONE#: (____) _____ SUPERVISOR'S NAME: _____
JOB TITLE: _____ DATES OF EMPLOYMENT: _____
REASON FOR LEAVING: _____

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)			Date of Birth (month/day/year)
City		State	Zip Code
			Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen or national of the United States

A Lawful Permanent Resident (Alien # A _____ / _____ / _____)

An alien authorized to work until _____ / _____ / _____ (Alien # or Admission # _____)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____

Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 2. Employer Review and Verification. To be completed and signed by employer. **Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)**

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____ / _____ / _____		_____ / _____ / _____		_____ / _____ / _____
Document #: _____		_____		_____
Expiration Date (if any): _____ / _____ / _____		_____ / _____ / _____		_____ / _____ / _____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ / _____ / _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name _____		Address (Street Name and Number, City, State, Zip Code) _____
		Date (month/day/year) _____

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable) _____ B. Date of rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____ / _____ / _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

CANDIDATE ACKNOWLEDGMENT AND RELEASE

I acknowledge that I have given information about myself to the A Choice Nanny ("ACN") Referral Center designated below. I understand all ACN Referral Centers, including the ACN Referral Center designated below, any of their directors, officers, shareholders, agents, and employees (collectively the "ACN NETWORK") specialize in referral of dependent care providers for occasional, temporary and permanent on-going care.

In consideration of the services provided through the ACN NETWORK and of the personal benefits and advantages that might be received by me as a result of these services and being fully aware of the potential risks and hazards involved in providing care for a dependent(s), I unconditionally accept and assume any and all risks involved in the position of dependent care provider obtained through the ACN NETWORK's referral.

I exempt and release ACN Holding, Inc., the ACN NETWORK, their directors, officers, shareholders, agents, and employees from all actions, causes of action, claims and demands for injuries, accidents, sickness and damages of any nature, which may happen to me as a result of accepting and performing the position of dependent care provider through the ACN NETWORK's referral.

This release extends and applies to all unknown, unforeseen, unanticipated and unsuspected injuries, damages, losses and liabilities, and the consequences of them, as well as those, which may have been disclosed and presently known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are expressly waived.

I further agree that during the term of my position as dependent care provider and after termination, regardless of the cause of termination, I will not communicate or divulge to, or use for the benefit of, any person(s), partnership, association or corporation any confidential information or know-how concerning the family I work(ed) for or the ACN NETWORK, or the methods of operating the ACN NETWORK centers which may be communicated to me, or of which I may be apprised by virtue of my position as dependent care provider. I understand this also means that I cannot refer any friends, relatives or acquaintances to the family for whom I work or have worked (or to any of their friends, relatives or acquaintances) without first receiving the written approval of the ACN Referral Center designated below. I agree not to compete with the ACN NETWORK within a radius of 10 miles from any ACN Referral Center for a period of no less than 2 years after termination of my employment regardless of the cause.

I also agree to immediately terminate my employment with any client of the ACN NETWORK who does not pay the ACN NETWORK monies owed due to my employment.

I understand that I may be required to participate in a training course and/or programs as an important part of my qualification as a candidate to be a dependent care provider and which, if required, I hereby agree to complete. I acknowledge that I am not an employee of the ACN NETWORK. I further acknowledge that the ACN NETWORK is not responsible for the conduct of any ACN NETWORK client for whom I may work.

I agree to settle any controversy or claim arising out of or relating to my relationship with the ACN NETWORK by arbitration. Such arbitration shall be conducted in accordance with the rules of the American Arbitration Association, in the office closest to the ACN Referral Center, which referred me, and judgment upon the award rendered by the arbitrators may be entered in any court of competent jurisdiction.

I HAVE READ THE ABOVE ACKNOWLEDGMENT AND RELEASE AND FULLY UNDERSTAND IT.

Columbia, Maryland
ACN REFERRAL CENTER

SIGNATURE OF CANDIDATE

CSF, Inc.
CORPORATE NAME OF ACN REFERRAL CENTER

PRINT NAME

DATE