FAX: (503) 245-7617



APPLICATION FORM PERMANENT NANNIES

Date

Personal Information Name Email Date of Birth* Address Street City State Zip Cell Phone Home Phone SSN* Drivers License # State Insurance Company

NW NANNIES LLC 3 MONROE PARKWAY SUITE P#129 LAKE OSWEGO, OR 97035

PHONE: (503) 245-5288
FAX: (503) 245-7617
EMAIL: info@nwnannies.net



Education

Highest level of education completed	
List courses you have taken that are relevant to the childcare field, ex: child development,	
psychology, nutrition, health, infant/child CPR, first aid,	
family relations, etc	

Experience

In order to determine family/nanny compatibility, please check all statements that are relevant to you and provide accurate information where appropriate:

I have worked with infants	
I have worked with toddlers	
I have worked with children in preschool	
I have worked with school age children	
I have housekeeping experience	
I have cooking experience	
I have worked with children with allergies	
I have worked with children with special needs	

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					9				
	I have administered medications to children								
Il	I have traveled with children			1					
		hed childre le parents t							
I s	I smoke				I dislike c	ats			I dislike dogs
Il	ave gotte	n driving t	ickets						
I am									
Qu	iet/introve	erted		Tal	Γalkative/extroverted			In the middle	
Org	ganized			Sometimes organized			Never organized		
I prefer to	spend m	y free time						7	
Ald	Alone				With others				
Health*									
Circle one		Excelle			Good		Fai	r	Poor
If Fair or Poor, please explain.									
Allergies: Yes				1	No				
If Yes, please explain.									
General medications taken on a daily basis: Yes No					No				
If Yes, please explain.									

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*I understand that the starred questions do not have to be answered, and that NWNannies LLC will not discriminate against me for not answering the questions.

Signature			Date					
Availability		ı						
Date available for employment								
Days of week & hours available		M	T_	_ W_	_ Th _	F	_ Sa	Su
What kind of work are you		Fu	Full-time			Part-ti	Part-time	
seeking? Check all that appl	y.	Liv	Live-in				Live-out	
		Local			Out of	Out of state		
How far will you drive for a job?								
Minimum salary required Hou		rly		Monthly	lonthly			
Responsibilities								
Check additional responsibilities you are willing to perform		Cooking			Shoppi	Shopping		
		Light Housekeeping			Heavy	Heavy Housekeeping		

- 1. If you are seeking a position out of state, please explain how you will adjust to the area, and how you will develop a support system of friends.
- 2. Describe in detail things you are looking for in a family (number of children, ages of children, life style formal vs informal, religion, benefits seeking car insurance, health insurance, vacation, etc., preferred location of the family ...and anything else you think is important.)

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	I agree to provide NW Nannies LLC with a police background check for every state in which I have lived since age 18.				
state in wineir i nav	o inved since age 10.				
State	Dates Lived				
	starting with your most recent employment, in the past ten mployment. If you need more space, use additional paper.				
Employer & Position					
Supervisor					
Address					
Phone					
Dates Employed					
Responsibilities					

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Employer & Position	
Supervisor	
Address	
Phone	
Dates Employed	
Responsibilities	
Employer & Position	
Supervisor	
Address	
Phone	
Dates Employed	
Responsibilities	
Employer & Position	
Supervisor	

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Address	
Phone	
Dates Employed	
Responsibilities	
Employer & Position	
Supervisor	
Address	
Phone	
Dates Employed	
Responsibilities	
	four of which are childcare related, one of which must be within ne may be a relative. Please provide telephone numbers at which ences during the day.
Name	
Phone	

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Address	
How long have you known this person?	
How do you know this person?	
Reference #2	
Name	
Phone	
Address	
How long have you known this person?	
How do you know this person?	
Reference #3	
Name	
Phone	
Address	
How long have you known this person?	

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How do you know this person?	
Reference #4	
Name	
Phone	
Address	
How long have you known this person?	
How do you know this person?	
Reference #5	
Name	
Phone	
Address	
How long have you known this person?	
How do you know this person?	

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NW Nannies LLC affirms the right of all individuals to equal opportunity in referrals for employment without regard to race, color religion, national origin, sex, age, marital status or any other extraneous considerations not directly or substantially related to effective performance.

Upon being hired by a family referred through NW Nannies LLC, I agree to participate in a drug screening test, at no cost to me.

I certify that the information given he	rein is true and complete to the bea	st of my knowledge.
Signature	Date	