

NANNY GHANA SERVICES
FILL THIS FORM IF YOU ARE READY TO JOIN OUR TEAM AS A
NANNY, HOUSEKEEPER ETC.

Please be aware that by signing this you authorize Nanny Ghana Services to run a Complete background check.
www.nannyghana.com
0501630279

NANNY/ HOUSEKEEPER APPLICATION FORMS

First Name _____ Last Name _____

Email _____ Date _____

Address _____ City _____

Telephone _____ Date of Birth _____ City of Birth _____

Languages spoken _____

How did you find us (please check one)? _____ Flyer _____ Ad _____ Referral _____ Friend _____
Facebook _____

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? _____

Are you comfortable running errands? _____

Do you have any administrative or computer experience? _____

Have you ever worked in a home? _____

Have you ever cooked for a family? _____

When can you start? _____

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

PREVIOUS EMPLOYMENT

How many years of childcare OR housekeeping experience do you have?

Please list your most recent employers:

1. **Employer:** _____ Phone Number _____ Cell: _____

Address: _____ City _____

Date job started _____ Date job ended _____

Job Title & Description _____

Reason for leaving _____

PLEASE LIST YOUR RECENT ADDRESS AND THE LENGTH OF RESIDENCY

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?

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

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?

EMERGENCY CONTACT INFORMATION

Who do we call in an emergency? _____

Contact Info: _____

Relation _____

CERTIFICATION OF FACTS, CONSUMER NOTIFICATION & AUTHORIZATION

I.....hereby certify that the above information is true and hereby authorize Nanny Ghana Services to contact any previous employers, schools, colleges or other training facility to confirm all of the information listed on my application form is correct.

Signature _____

CERTIFICATION OF FACTS, CONSUMER NOTIFICATON & AUTHORIZATION

I.....hereby certify that the above information is true and hereby authorize Nanny Ghana Services to contact any previous employers, schools, colleges or other training facility to confirm all of the information listed on my application form is correct.

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: _____