

# Covenant Sitters, LLC

## *Nanny Search Application*

Today's date: \_\_\_\_\_

Mother or Guardian's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father or Guardian's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Do you work from home? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your job require you to travel? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Mother Occupation: \_\_\_\_\_ Father Occupation \_\_\_\_\_

(M) Work # \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

(F) Work# \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ If yes, when are you expecting? \_\_\_\_\_

When do you need a Nanny to start? \_\_\_\_\_

## *Children's Information*

1.) Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Name Goes By: \_\_\_\_\_

2.) Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Name Goes By: \_\_\_\_\_

3.) Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Name Goes By: \_\_\_\_\_

Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Names and Breeds: \_\_\_\_\_

State any medical problems we should be aware of (Please include allergies and chronic conditions) \_\_\_\_\_

List any medications we should be aware of \_\_\_\_\_  
Describe any disabilities we should be aware of: \_\_\_\_\_

Emergency Contact other than Parent or Guardian/Number: \_\_\_\_\_  
What weekly salary range are you offering nanny? \_\_\_\_\_  
Type of Nanny needed (FT, PT, Live In, Live Out, or Temporary) \_\_\_\_\_  
Hours, days, and times your Nanny is needed: \_\_\_\_\_

Will your nanny be required to perform light housekeeping? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe in detail what the housekeeping responsibilities would be: \_\_\_\_\_

Will your nanny need to run errands? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain in detail: \_\_\_\_\_

Would you provide a car for the nanny? Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, will you reimburse for gas and mileage? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, at what rate above her regular salary? \_\_\_\_\_

Will the nanny be transporting the children to activities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please explain: \_\_\_\_\_

Will you provide health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Will you provide paid holidays, sick days, and vacation days? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

If you require a live in nanny, please describe her living accommodations: \_\_\_\_\_

Which age group do you prefer? (*Check all that apply*)

**18-29** \_\_\_\_\_ **30-45** \_\_\_\_\_ **45-60** \_\_\_\_\_ **Over 60** \_\_\_\_\_

No particular preference \_\_\_\_\_

Do you prefer a specific race or ethnic group? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please give specifics \_\_\_\_\_

Do you prefer a specific religious affiliation? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please give specifics \_\_\_\_\_

Do you prefer male or female? Male \_\_\_\_\_ Female \_\_\_\_\_ No preference \_\_\_\_\_  
Do you want a non- smoker? Yes \_\_\_\_\_ No \_\_\_\_\_ No particular preference \_\_\_\_\_

Some caregivers on our staff may be mothers. Would it be acceptable for them to bring their own child along on a sit, if necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

Yes, but depends on the age of child that may accompany sitter \_\_\_\_\_

Do any other adults live in your home? \_\_\_\_\_

Does anyone in your household smoke? \_\_\_\_\_

Directions to your home: \_\_\_\_\_  
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Interesting Facts about you: \_\_\_\_\_  
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**Credit Card Information**

Name (as it appears on Credit/Debit card) \_\_\_\_\_

Card Type (Visa, MasterCard, AMEX, and Discover) \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

**\*Please send check or money order payable to Covenant Sitters, LLC for application fees. If you wish to have application, or placement fees on the card provided above please indicate that below. Parent application, Parent/ Child Profile, and contract can be faxed to (843) 554 - 7872 or mailed to:**

**Covenant Sitters, LLC**  
PO Box 72443  
North Charleston SC 29415  
(843) 554- PURE

Charge application fee on the credit/debit card above? Yes \_\_\_\_\_ No \_\_\_\_\_

Charge placement fee on the credit/debit card above? Yes \_\_\_\_\_ No \_\_\_\_\_