

Place Photograph Here

For Identification Purposes

Covenant Sitters, LLC

Sitter/ Nanny Employment Application

Today's Date: _____

Last Name: _____ First: _____

Social Security Number: _____ Driver's License # _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Email address: _____ Date of Birth: _____

Education/ Experience:

High School: _____ Years Attended: _____ Did you graduate? _____

College: _____ Years Attended: _____ Did you graduate? _____

Post Graduate: _____ Years Attended: _____ Did you graduate? _____

Subjects Studied in College: _____

Are you certified in: CPR? Yes _____ No _____ Certification Date _____

First Aid? Yes _____ No _____ Certification Date _____

Do you know how to swim? Yes _____ No _____

Please list any additional childcare classes: _____

Play musical instruments? _____ What kind? _____

Other Languages (if any): _____

Would you do pet sitting? ___ Yes ___ No Would you do adult care sitting? ___ Yes ___ No

Areas you are willing to work in or travel to: (***Check all that apply***)

___ Downtown Charleston

___ James Island/ John's Island

___ Mount Pleasant

___ West Ashley

___ Daniel Island

___ Summerville

___ Isle of Palms

___ North Charleston

___ Sullivan's Island

___ Goose Creek

Date you can start: _____ You are mostly available on: (***Check all that apply***)

Days _____ Evenings _____ Nights _____ Weekends _____

Time of day available: _____ Monday _____ Tuesday _____ Wednesday
_____ Thursday _____ Friday _____ Saturday _____ Sunday

What position(s) are you seeking? (Check all that apply)

Nanny (at home parent) Nanny (single mother) Babysitter
 Nanny (working parents) Nanny (single father)
FT Nanny? Yes No PT Nanny? Yes No Babysitter? Yes No
Temporary? Yes No Summer? Yes No
How many hours per week would you like to work? _____
Are you a U.S. Citizen? _____

What duties are you willing to accept? (Check all that apply)

Drive children Complete housekeeping Laundry for children
 Cooking for family Run errands Light housekeeping Laundry for family
 Cooking for children Grocery shop Iron clothes Overnight care

Weekly Salary Range: _____ Gross or Net of taxes

Health Insurance: Need it? yes no negotiable **Do you currently have it?** yes no **Cost** \$ _____/month

What age children do you feel most comfortable with? (Check all that apply)

<input type="checkbox"/> Newborn	<input type="checkbox"/> 1-5 years old
<input type="checkbox"/> 3-6 months	<input type="checkbox"/> 5-10 years old
<input type="checkbox"/> 6-12 months	<input type="checkbox"/> 10 and older

Do you have reliable transportation? Yes No

What form of transportation will you be using? _____

Do you smoke? Yes No Will you agree not to smoke on the job? Yes No

Do you like animals? Would you be willing to work in a home with indoor pets?

Child Care Experience: _____

Personal Experience:

Do you have children? Yes No

If yes, what ages are your children now? _____

Do your children require childcare? Yes No

If yes, will you need to bring them with you while sitting? Yes No

How many children are you comfortable caring for at one time? _____

Have you worked with newborns? Yes No

Have you worked with twins or triplets? Yes No

Will you prepare simple meals? Yes No

Have you work with the physically or mentally handicapped? Yes No

Are you willing to supervise play time with other children while on the job?

Yes No

Are you willing to drive children to gymnastics/ soccer/ or other group activities?

Yes No

Are you comfortable reviewing and assisting with homework? Yes No

Do you have any known medical problems or Allergies? Yes No

If yes, please explain: _____

Work Experience:

1. Employer _____ Position Held: _____ From: _____ To _____
Contact person: _____ Phone Number: _____
Description: _____

2. Employer _____ Position Held: _____ From: _____ To _____
Contact person: _____ Phone Number: _____
Description: _____

3. Employer _____ Position Held: _____ From: _____ To _____
Contact person: _____ Phone Number: _____
Description: _____

List of Character References: (Preferably Child Care)

1. Name _____ Phone Number _____
2. Name _____ Phone Number _____
3. Name _____ Phone Number _____

Background Information (required)

Will you:

Authorize a Criminal Records Check? Yes _____ No _____
Authorize a Sex Offender Registry Check? Yes _____ No _____
Authorize a Driver of Motor Vehicle Check? Yes _____ No _____

We ask Nannies for permanent positions to accept assignment for one year. Are you willing to make this commitment? _Yes_ _No_

I understand the information on this application has been requested for the purpose of evaluating my qualifications for employment. To the best of my knowledge, the information in this application is true.

I understand that misrepresentation or omission of facts in connection with my application may be sufficient cause, in and of itself, for dismissal whenever discovered.

I allow the release of this information for purposes of employment. I understand that **Covenant Sitters, LLC** acts only as a placement service and assumes no liability or responsibility for any act of either the Nanny/Sitter or the employer.

Print Full Name **Date**

Signature **Date**

BACKGROUND REFERENCE AUTHORIZATION

In order to determine whether a candidate is suitable for a position, it is necessary to thoroughly review your complete employment history, driver's record, and references. Many employers and references will not provide a candid response unless there is an authorization and release of liability statement. Please carefully review the following paragraph and sign and date the form below.

I, _____, hereby authorize the **Covenant Sitters, LLC** and any agent acting on its behalf to contact my former employers and references and conduct a complete background review, including criminal, motor vehicle, and sex offender's record. I authorize release and forever discharge each employer, reference, police and motor vehicle department, sex offender registry, educational institution, the **Covenant Sitters, LLC** and its employees and agents from any and all liability of any kind or nature whatsoever relating to my complete background, driver's record, and reference review. I further specifically request that all agencies, representatives, and references fully cooperate with this investigation. If employed, I further authorize periodic checks of all above referenced sources as may be deemed necessary by employer.

Print Full Name

Signature

Social Security Number

Date

Date of Birth

Address

Drivers License Number and State

City State Zip

Mail completed application and contract of agreement to:

Covenant Sitters, LLC
PO Box 72443
North Charleston SC 29415
or fax to (843) 554 – 7872
Any questions call (843) 554 – PURE.

South Carolina Driver Authorization

I, _____, do hereby authorize the Division of Motor Vehicles to release my driving record to:

Company Name:

Covenant Sitters, LLC

Address:

PO Box 72443
North Charleston, SC 29415

Phone Number:

(843) 554 – PURE or (843) 554 - 7873
(843) 554 – 7872 fax

This release shall remain in full force and effective until I file formal withdrawal.

Driver's Full Name:

Date of Birth:

Driver's License Number and State:

Print Full Name

Signature

Date