

The Nanny Connection, Inc.



Child Care Referral Service • Hotels & Condos • P.O. BOX 477 Puunene, Maui 96784 • Phone 808 875-4777 • Fax 808 249-8809
Web site www.thenannyconnection.com • e-mail service@thenannyconnection.com

Aloha,

Thank you for your interest in the Nanny Connection Inc. We have been serving the hotels and condos on Maui since 1991 and our need for qualified childcare providers is ever present. If you enjoy children and are looking for fun, flexible work we would like to connect with you. Our goal is to provide you with a meaningful, but pleasant way to earn those dollars and to provide the most reputable babysitting referral service to both Maui visitors and residents.

We require all our nannies to be CPR and First Aid certified. It is necessary that you have previous childcare experience, and helpful if you have water safety training (but not required). We also require a criminal background check. Further information will be provided relating to basic resort safety and communicating with the parents and hotel staff at the interview.

The Nanny Connection Inc. offers ongoing support and competitive earnings to our nannies. For a personal interview, please return the enclosed application. Should you have any questions contact the Nanny Connection Inc. at 875-4777 and do check out our web site at www.thenannyconnection.com.

Please return application to: **The Nanny Connection Inc.**
PO Box 477
Puunene, HI 96784
Fax: 808- 249-8809
Email: service@thenannyconnection.com

We look forward to hearing from you soon.

Mahalo,

J. Christine Taylor
Owner

MAKE THE RIGHT CONNECTION...CALL THE NANNY CONNECTION

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Nanny Application

Name: _____
Last First Middle

Present Phone (_____) _____ Email Address: _____
Home and/or Cell

Social Security Number: _____ Birth Date (optional) _____

Present Address _____
Street or Apt.# City State Zip code

Mailing address _____
Street or Apt.# City State Zip code

Permanent or parent's address _____
Street or Apt.# City State Zip code

Are you currently employed? Yes _____ No _____ Parents phone: _____

Company name and address _____

Are you a U.S Citizen? _____ If not, please provide evidence of your legal status to work in the U.S. _____

EDUCATION

High School _____ Country: _____ City and State: _____

College _____ Degree: _____

Other _____

Major field of study/focus of degree: _____

EXPERIENCE WITH CHILDREN

What can we tell a guest about your child care experience? Please be specific:

PREVIOUS EMPLOYMENT

From	To	Employer	Address	Duties	Supervisor

REFERENCES

Please list three or more references. At least two of them **must** relate to recent childcare work.

Name	Address	Phone	Relationship

GENERAL INFORMATION

Have you ever been convicted of a crime? No _____ Yes _____ If Yes, please explain:

Do you have a valid driver's license? Yes _____ Exp. date _____ State and number _____

Are you CPR certified? Yes _____ No _____ Expiration Date: _____

Are you 1ST Aid Certified? Yes _____ No _____ Expiration Date: _____

Do you swim? _____ How often do you drink? _____ Do you smoke? _____

Do you take any medication that interferes with mental or physical functions? Yes _____ No _____

What age child do you feel most comfortable working with? _____

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

Briefly describe your most difficult childcare situation and how you handled it.

What do you feel to be the best method of discipline for a child in your care? Describe for each age.

Infant: _____

Toddler: _____

Preschooler: _____

School Aged: _____

Please circle the top six characteristics that describe you best:

- | | | | |
|---------------|-----------------|--------------|----------------|
| Reserved | Athletic | Open Minded | Musical |
| Creative | Direct | Spiritual | Strict |
| Accommodating | Intelligent | Adventurous | Calm |
| High Energy | Flexible | Enthusiastic | Avoid Conflict |
| Happy | Detail Oriented | Patient | Nurturing |
| Organized | Affectionate | Friendly | Outgoing |
| Emotional | Confident | | |

What are your strengths? _____

What are your weaknesses? _____

Why do you want to be a nanny? _____

List an appropriate activity appropriate for the following ages:

Infant: _____

Toddler: _____

Preschooler: _____

School Aged: _____

How many hours are you interested in working for us? _____

Please add any additional information you would like to tell us about yourself. _____

EMERGENCY CONTACT

Please provide us with one or two emergency contacts in case anything should happen to you while on a job.

Name	Phone #	Relationship
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Name	Phone #	Relationship
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All the information that I have given in this application is true in all respects. I understand that the Nanny Connection Inc. will rely on this information when referring me to a job. If any information I have given on this application is found to be false, I understand I may be removed immediately from the Nanny Connection Inc. referral list. I understand that the Nanny Connection Inc. is not liable or responsible for any act initiated by myself or the employer. I agree not to hold the Nanny Connection Inc. responsible for any and all claims, including attorney fees and court costs made by any person arising out of my referral.

Signature of Applicant _____ Date _____