

HELPERS WEST, L. C. EMPLOYMENT APPLICATION AND AGREEMENT

252 Barley Lane, Kaysville, Utah 84037 Phone (801) 546-3888 Fax (801) 546-3887
 E-Mail: helperswest@comcast.net Web-Site: www.helperswest.com

Name _____ Phone Number _____
 Birthday _____ Best time to contact you _____ Sex Male Female
 Present Mailing Address _____ City _____ State _____ Zip Code _____
 Live With Parents _____ Live With Other (Please Specify) _____ Email _____
 Permanent Address, if different _____
 Permanent Phone number, if different _____
 Parents Name _____ Parents Phone number _____
 Parents Address _____ City _____ State _____ Zip _____
 Are you a legal U.S. Citizen?: Yes No
 Number of children in your own family? _____ Which child are you? (Oldest, 2nd, etc.) _____ Age range _____
 Date Available _____ Do you need to give a two week notice? Yes No
 Is more notice needed? Yes No

EDUCATION AND TRAINING Years of additional schooling after high school 1 2 3 4 5+

| | School Name | Location (City, State) | Dates Attended | | Graduated? | | Subjects Studied |
|-----------------------|-------------|---------------------------|----------------|----|------------|----|------------------|
| | | | From | To | Yes | No | |
| High School | | | | | | | |
| | | | | | | | |
| College/University | | | | | | | |
| | | | | | | | |
| Trade, Business | | | | | | | |
| Correspondence School | | | | | | | |

Please describe education and training related to children and home management (including cooking, Child development, etc.)

Have you had training in:

| | | |
|------------------------|-----|----|
| First Aid? | Yes | No |
| CPR? | Yes | No |
| Lifesaving? (Swimming) | Yes | No |
| Do you swim? | Yes | No |
| Do you like to swim? | Yes | No |

If yes, please rate yourself Can't Swim 1 2 3 4 5 Excellent

Please rate your cooking ability: Open a Can of Soup 1 2 3 4 5 Turkey Dinner with trimmings
 Please rate your overall neatness and cleanliness: Messy 1 2 3 4 5 6 7 8 9 10 Immaculate

Please describe your overall cooking skill:

Type of employment (Check all that you will accept)

- | | | |
|--|---|---|
| Permanent (at least one year) | Full-time | Summer (you may be required to pay airfare) |
| Less than a year (Specify) | Part-time | Elderly Care |
| Interested in more than one year | Childcare with Light Housekeeping duties | Housekeeping |
| Live-in (Room and board provided) | Childcare with Medium Housekeeping duties | Cooking |
| Live-out (Commute from your own place) | Childcare with Heavy Housekeeping duties | Temporary |

HOBBIES AND INTERESTS

Do you enjoy Music? Yes No If yes, what kind(s)? _____
Do you play any musical instruments? Yes No If yes, what do you play? _____
Do you enjoy doing children's arts & crafts? Yes No If yes, which types? _____
Do you speak other languages? Yes No If yes, what languages, and how fluent? _____
Do you enjoy outdoor activities? Yes No If yes, please specify _____
Do you enjoy indoor activities? Yes No If yes, please specify _____
How much TV do you watch per week? _____ What kind of TV programs do you watch? _____
Honors, awards, unusual achievements (SCHOOL) _____
Honors, awards, unusual achievements (RELIGIOUS) _____
Honors, awards, unusual achievements (OTHER/COMMUNITY) _____
Activities you enjoy (Civic, athletic, etc.) _____
What are your hobbies, creative talents or special interests? _____
Have you ever lived away from home? Yes No (if yes, please explain) _____
Do you like to travel? Yes No (What do you prefer? Bus, Train, Plane, etc.) _____
Where are some of the places you have traveled to? _____

Please describe a little about you and your personality and what kind of student you were in high school or college. Examples: kind, self-starter, calm, easy going, etc. School grade point average.

HOUSE KEEPING EXPERIENCE

How many years of housekeeping experience do you have?

Please list the amount of professional experience you have in the following areas:

Private residential clients _____ Housekeeping Service _____ Other?
As a full-time live-in housekeeper? _____ As a full-time live-out housekeeper?

SITUATION DESIRED:

Do you mind a household with dogs or cats? Yes (I don't want to be in a household with _____.) No (I like pets)
Location Preferences (please list East Coast, or West Coast or Any unless you have a specific preference. The more you

are open with area the easier it is to get a job. 1 _____ 2 _____
3 _____ 4 _____ 5 _____

Preferred Number of Children you are willing to nanny for: _____

Do you prefer (Check all that you will accept):

| | | |
|----------------------------------|---------------------------------|--------|
| Infants (under 6 months) | Babies (6 months - 12 months) | Adults |
| Toddlers (12 months - 2 years) | Toddlers (2 years - 3 years) | |
| Preschoolers (3 years - 5 years) | School Age (5 years - 10 years) | |
| Teenagers | Ten years to Twelve years | |

Insurance

Will you be covered by medical insurance while you are away from your family? Yes No
(Please, check your policy to see if you are covered while out of state. If you have any questions, contact your insurance agent.)

If no, is it important to have insurance? Yes No

The Hiring Couple is usually willing to pay half the insurance cost. Are you willing to pay the other half? Yes No

Please check each of the following under "Yes" or "No" and give any explanations.

1. Yes No Ever been homesick?
2. Yes No Anticipate getting seriously homesick?
3. Yes No Married?
4. Yes No Have a child of your own?
5. Yes No Use illegal drugs?
6. Yes No Been convicted of a crime?
7. Yes No Been the driver in a car accident?
8. Yes No Experienced mental or emotional problems requiring special help or therapy?
9. Yes No Engaged or have any specific marriage plans?
10. Yes No Have a boyfriend, car, pets, or other attachments that will be difficult to leave?
11. Yes No Do you smoke? If so, how much? _____
12. Yes No Do you drink? If so, how much? _____
13. Yes No Have any traffic violations?
14. Yes No Have any extreme financial commitments which your salary may not be sufficient to cover?
15. Yes No Have any allergies or other health problems requiring current medical supervision, medication, or special diet?
16. Yes No Have any speech, hearing, or visual problems?
17. Yes No Have a handicap which affects your performance as a Nanny / Mothers Helper?
18. Yes No Over 15 pounds overweight? If so, how much? _____
19. Yes No Have times when you are moody and find it hard to control your temper?
20. Yes No Have any unresolved problems with your family or friends?
21. Yes No Have any problems that might affect your ability to be a good Nanny / Mothers Helper?
22. Yes No Have or have had any eating disorders in the past two years?
23. Yes No Do you have body piercing? If so, what? _____

At the end of this application, please write your answer to each of the following:

In Essay form, please!

Describe your family life.

Were you raised by one or both parents?
What your parents do for a living?
What type and how much attention and time they gave to the children?
How discipline was applied in the home?
What general duties were assigned the children?
Activities frequently shared as a family?

Describe your previous work experience.

Have you been a Mothers Helper or nanny before? Where? When?
Have you worked with children? Babysitting, part or full time (including for family members), day care centers, nursery, school, primary, tutoring, etc. Mention ages and number of children.
Have you been a volunteer?

Nannies:

Please attach or include two recent photographs with your application

Driving record (please fill out carefully.)

Driver's license number and state will be required at time of interview.

How long have you had your license? _____

Can you drive a stick shift (manual transmission)? Yes No

Are you able to drive safely with children? _____

Do you have a car? Yes No

Are you willing to take your car? Yes No Not Applicable

WORK HISTORY: Please start with the most recent job. If you had a period of time between jobs, please list “not working” & list the time period.

| | | | | | | | | |
|--------------------------------------|---|-----------|-------------------|--|--|-----------------|-----|----|
| Last or Present Employer | | | Responsibilities: | | | | | |
| Street Address | | Phone No. | | | | | | |
| City | State | Zip Code | | | | | | |
| Dates Worked | From | To | | | | | | |
| (If applicable) Number of child(ren) | Ages of children at time of employment: | | | | | May we contact? | Yes | No |
| Employer | | | Responsibilities: | | | | | |
| Street Address | | Phone No. | | | | | | |
| City | State | Zip Code | | | | | | |
| Dates Worked | From | To | | | | | | |
| (If applicable) Number of child(ren) | Ages of children at time of employment: | | | | | May we contact? | Yes | No |
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| Street Address | | Phone No. | | | | | | |
| City | State | Zip Code | | | | | | |
| Dates Worked | From | To | | | | | | |
| (If applicable) Number of child(ren) | Ages of children at time of employment: | | | | | May we contact? | Yes | No |

REFERENCES: A TOTAL OF AT LEAST FIVE REFERENCES ARE REQUIRED.

THREE WHICH MUST BE CHILD CARE RELATED AND TWO TO THREE WHICH ARE CHARACTER

One character reference must be a parent or someone who knows you very well. Other character references can be religious leaders, previous employers, or a neighbor.

Please contact your references and inform them that we will be contacting them. "

| | | |
|--------------------------------------|---|-------------|
| Name" | | |
| Street Address | | Phone No. |
| City | State | Zip Code " |
| (If Applicable) Dates Worked From | | To" |
| (If applicable) Number of child(ren) | Ages of children at time of employment: " | |
| Name" | | |
| Street Address | | Phone No. |
| City | State | Zip Code " |
| (If Applicable) Dates Worked From | | To" |
| (If applicable) Number of child(ren) | Ages of children at time of employment: " | |
| Name" | | |
| Street Address | | Phone No. " |
| City | State | Zip Code " |
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| Name | | |
| Street Address | | Phone No. |
| City | State | Zip Code |
| (If Applicable) Dates Worked From | | To |
| (If applicable) Number of child(ren) | Ages of children at time of employment: | |

"
"
"

Please answer the following questions:

1. How did you find out about Helpers West? _____
2. What interests you most about Helpers West compared to other nanny services? _____
3. Pay desired if applying for live-in position \$ _____ per week (Room and board provided)
4. Pay desired if applying for live-out position \$ _____ per week. (You commute from own place)
5. How early are you willing to start regular work in the morning? _____
6. Any day(s) during the week you prefer not to work? _____
8. How long would you like to work as a nanny / Mother's Helper? _____ (One year is the usual requirement)

EMERGENCY CONTACT

Who may we contact in case of an emergency; if there is a problem once you accept employment? (Please keep this information updated with Helpers West even once you are employed. For example if parents move or change their phone number or if they have a change in work or work phone number.)

| | | | |
|-------------|---------------------|------------------|------------------|
| Name: _____ | Relationship: _____ | Home Phone _____ | Work Phone _____ |
| Name: _____ | Relationship: _____ | Home Phone _____ | Work Phone _____ |
| Name: _____ | Relationship: _____ | Home Phone _____ | Work Phone _____ |

Please read the following paragraph before signing!

I affirm that the facts shared in this application and any attached additional pages are true and complete and are made for the purpose of assisting me in securing an employment as a Nanny / Mother's Helper. I also authorize Helpers West to contact references I have provided and perform necessary background checks for information relating to my employability.

I understand that Helpers West acts as a referral source only in locating prospective employers and is not a party to any subsequent agreement entered into between myself and employers referred by Helpers West.

By signing below, I affirm that I am capable of giving proper long term child care and can assume and accomplish all necessary responsibilities to which I agree when choosing the Hiring Couple (employers). I understand that I will enter into a professional commitment by executing a contract with my employers. I agree and promise that if I quit or am fired for breach of the contract I will reimburse my employers the cost of getting me to the Hiring Couple's (employers) home. I also agree to allow Helpers West to do the background checks on me that is requested by the Hiring Couple.

I agree not to begin employment with a Hiring Couple until all applicable screening and referral fees have been paid by my employers (Hiring Couple).

Electronic signature of applicant (prospective Mother's Helper – Nanny)

Date

Essay: