

Babysitter Express
A Professional Childcare Service

Application for Employment

PERSONAL INFORMATION				Please print legibly.
Last Name	First Name	Middle Initial	Date	
Full Street (Mailing) Address		City	State	Zip Code
Social Security Number	Day Telephone	Evening Telephone	Fax Number (if applicable)	
Available Starting Date	Desired Hourly Pay	Desired Position	18 years or older?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Availability (check all that apply)		<input type="checkbox"/> Available for Nights		<input type="checkbox"/> Available for Days
<input type="checkbox"/> Sunday		<input type="checkbox"/> Monday		<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Thursday		<input type="checkbox"/> Friday
<input type="checkbox"/> Saturday		Times: _____		
Do you smoke?	If no, do you object to smoking?	Are you legally eligible to work in the U.S.?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a driver's license?	Since When?	List State and License Number		
Have you ever had a moving or driving related violation or traffic accident (include tickets)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list specifics.				
Have you ever been arrested or convicted of a felony and/or a misdemeanor?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.				
Have you ever been the subject of a substantiated complaint of child or sexual abuse?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.				
Are you certified in...	First Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to become certified in these programs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please list programs you are <u>NOT</u> willing to become certified in?				
Please list any pets you would <u>NOT</u> be comfortable being around/living with.				
MEDICAL INFORMATION				
Do you have any medical condition that could affect your ability to care for children? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain.				
For each of the following, please indicate if you are willing to submit to, at no expense to you.				
Physical Examination	Drug Screening	T.B. Test	HIV Test	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been immunized against the common childhood diseases?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, which ones have you <u>NOT</u> been immunized against?				
Do you have any current or history of emotional health problems?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain.				

Have you ever been recommended to an alcohol or drug rehabilitation or mental institution?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain.			
EDUCATIONAL BACKGROUND			
Do you have a high school diploma/GED?		Please list name of high school	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list name of college (if attended)		Dates attended	Major
Degree/Certificate Received		Phone Number	
Please list an other special training you would like us to be aware of			
EMPLOYMENT HISTORY			
Current Employer (If a company, full company name)		Supervisor's Name/Phone Number (if different)	
Employer's full mailing address		City	State Zip Code
Employer's Telephone Number	Position You Held	Employed Since	Ending salary
Reason for Leaving			May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
LIST ALL CHILDCARE REFERENCES FOR THE PAST 5 YEARS			
Company/Family Name		Date Employed From	To
Employer's full mailing address		City	State Zip Code
Employer's Telephone Number	Position You Held	Employed Since	Ending salary
Reason for Leaving			May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe you responsibilities in detail			
Company/Family Name		Date Employed From	To
Employer's full mailing address		City	State Zip Code
Employer's Telephone Number	Position You Held	Employed Since	Ending salary
Reason for Leaving			May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe you responsibilities in detail			

Company/Family Name		Date Employed From		To
Employer's full mailing address		City	State	Zip Code
Employer's Telephone Number	Position You Held	Employed Since	Ending salary	
Reason for Leaving			May we contact?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your responsibilities in detail				
Company/Family Name		Date Employed From		To
Employer's full mailing address		City	State	Zip Code
Employer's Telephone Number	Position You Held	Employed Since	Ending salary	
Reason for Leaving			May we contact?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your responsibilities in detail				
PERSONAL, CHARACTER OR PROFESSIONAL REFERENCE 1				
Name		Relationship		
Phone Number		Length of time known		
PERSONAL, CHARACTER OR PROFESSIONAL REFERENCE 2				
Name		Relationship		
Phone Number		Length of time known		
CHILDCARE BACKGROUND/INFORMATION				
Ages of the Children You Have Cared For		Please list the ages you have the MOST and LEAST Experience With		
Youngest	Oldest	Most	Least	
Age you started caring for children		Did you care for your siblings?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Have you ever had experience working with special needs children?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain.				
Have you ever had to handle an emergency of any kind?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain.				

APPLICATION AGREEMENT
(Please read carefully before signing)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Babysitter Express creates an actual or implied contract of employment. I understand that, if I accept employment with Babysitter Express, it will be on an at-will basis. This means that either Babysitter Express or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree that if employment termination by either party occurs that I will not accept employment from any Babysitter Express client without prior consent from Babysitter Express. I understand that during and after employment with Babysitter Express, I am not allowed to babysit for a Babysitter Express client without prior consent from Babysitter Express. If this does occur, a fee of at minimum \$2,000 will be assessed to the client and/or babysitter.

I agree to submit to drug and alcohol testing, if requested by Babysitter Express. I release Babysitter Express, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Babysitter Express to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Babysitter Express and its employees from all liability arising from such investigation.

Print Full Name

____ - ____ - ____
Social Security Number

Current Street Address

City

State

Zip Code

Signature of Applicant

Date Signed

Babysitter Express is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Babysitter Express depends solely on your qualifications.