



EMPLOYER QUESTIONNAIRE

DATE:

CONTACT INFORMATION

	Contact Parent	Parent/Partner
Name		
Occupation		
Company Name		
Work Phone Number		
Office Fax Number		
Cell Phone Number		
E-Mail Address		
Home Address:	Home Phone:	
City, State, Zip:	Home Fax:	
General directions to your home:		
Will you arrange a meeting place to meet with Candidate, other than home? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?		



In the event of an emergency, is there anyone other than yourself, which we may contact if you cannot be reached? What are your wishes?

GENERAL INFORMATION

Children's Names	Sex	Age	School Schedule	Interests

If expecting, what is the Mother's due date?

One baby
 Twins
 Triplets

Pet Type	Live In or Out?	Describe Employee's Responsibility for Pet

Do you require non-smoking employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does anyone in your household smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

POSITION OFFERED

TITLE:	Start Date:	Completion Date:
Mark all that apply: <input type="checkbox"/> Live-In <input type="checkbox"/> Live-Out <input type="checkbox"/> Weekend <input type="checkbox"/> Overnight		
Choose Only One:		
<input type="checkbox"/> Daily Temp Nanny or Babysitter equivalent to #of service days <input type="checkbox"/> Summer/Nanny 60 day guarantee) <input type="checkbox"/> Baby Nurse/Baby Specialist/Doula (10 day guarantee)		
Gross Salary Min.:	Gross Salary Max.:	<input type="checkbox"/> Per Month <input type="checkbox"/> Per Week <input type="checkbox"/> Per Hour
Salary Notes:		



Standard benefits include paid holidays, vacation, and sick allowance. Please describe the benefits you would be willing to offer:

For Live-In Positions:

Would you be interested in interviewing out-of-state Nanny/Newborn Baby Specialist /Baby Nurse?

Yes No

Will the employee have a separate room/apartment? Yes No

If yes, please explain:

Extra Benefits: TV Cable Phone Cell phone Other:

JOB DESCRIPTION

Hours:	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Total Weekly Hours: _____

Holidays:

Days Off:



Is driving required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Car required <input type="checkbox"/> Car provided <input type="checkbox"/> Standard transmission <input type="checkbox"/> Automatic transmission
Second Language(s) preferred:
Meal preparation for children only: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snacks
Meal preparation for whole family: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snacks
Light Cleaning: <input type="checkbox"/> Children's areas <input type="checkbox"/> Entire House <input type="checkbox"/> Children's laundry (NA for Baby Nurse/Doula) <input type="checkbox"/> Laundry for whole family <input type="checkbox"/> Ironing <input type="checkbox"/> Errands
Please describe household duties:
For housekeeping positions, please list square footage of house: Describe house, include number of bedrooms, baths, floors, style (casual, formal):
Would you say that your home is considered a safe environment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:

Are there any special needs, medical concerns, allergies, special diets, or physical, mental or emotional disabilities of any person(s) in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
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Does either parent or anyone else in your household work at home? If yes, who will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever employed domestic staff before? If yes, please describe previous experience (details appreciated):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have other domestic staff on board currently? If yes, what is his/her present schedule and job title?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long has he/she been with your family? Will he/she remain? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the reason for leaving?	

Is there anything we have not asked you that we need to be aware of? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe your ideal employee:	



Are you currently seeking service with other agencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you hear about us?		

Please initial:

_____ I/We have read the Employer and Agency Agreement and agree to its terms.

I/We acknowledge that the replacement guarantee and/or replacement credit is based on the truthfulness of this application.

-Thank you for registering with us!-

PAYMENT AUTHORIZATION

IT IS OUR POLICY TO KEEP A CREDIT CARD ON FILE. PLEASE FILL OUT CREDIT CARD INFORMATION BELOW REGARDLESS OF THE METHOD OF PAYMENT.



Debit cards with logos are also accepted.

I hereby authorize Nanny's USA, and or its affiliates to charge my credit card account for the full amount of the Placement fee including late fees upon acceptance of an offer.

Please accept my signature on this form as if I were signing a transaction slip in person.

Credit Card Type (logo)	
Credit Card Account Number	
Debit Card Account Number	
Expiration Date	
Security Code (CSC) 3 digit code usually displayed back of card	
Name as it appears on card	
Cardholder's Signature	
Billing Street Address	
City, State, and Zip Code	

Please return completed Employer Questionnaire and Employer and Agency Agreement in order to begin the interviewing process.