

Since 1991 Care Givers Placement Agency, Inc. has been helping nannies throughout the Portland and Vancouver metro areas find excellent nanny positions. We are looking for the highest quality childcare providers to assist our client families.

Please complete this application and bring it in to our office when you come for your interview appointment. Appointments can be scheduled by calling our office at 503-244-6370.

When you come for your interview appointment please bring:

- (1) this application**
- (2) proof of your car's insurance**
- (3) a resume, if you have one**
- (4) any reference letters that you have**
- (5) your infant/child CPR card, if current**

If your application is accepted by our Agency, you will be joining the largest and best Nanny Agency in Portland. We are excited about the possibility of being able to help you!

**Care Givers Placement Agency, Inc.**  
**10211 SW Barbur Blvd., Suite #110A, Portland, Oregon 97219**  
**(503) 244-6370      FAX (503) 244-6856**  
**www.cgpa.com**

<b>PERSONAL INFORMATION</b>				
First Name	Middle Name	Last Name	Phone Cell email	
Other Names Used				
Street Address	Apt. #	City	State	Zip
Social Security Number _____ / _____ / _____		Birth Date _____ / _____ / _____		

How did you learn about Care Givers Placement Agency?

Are you, or have you been, registered with any other Nanny Agencies? \_\_\_\_yes \_\_\_\_no

Which Agency? \_\_\_\_\_

<b>NOTICE: PLEASE READ AND SIGN</b>
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This application form is intended for use in evaluating your suitability to be referred by our agency to available positions. It is not an employment application or contract. I certify that the information provided by me in this application (and accompanying resume, if any) is true and complete to the best of my knowledge and belief. I authorize Care Givers Placement Agency, Inc. or its representatives to investigate all statements contained in this application. I understand that any false information, omissions or misrepresentations of facts may result in rejection of my application. I authorize any person, school, current employer (unless otherwise noted in this application form), past employer(s), and organizations named in this application form (and accompanying resume, if any) and any other person or entity with knowledge of me to provide Care Givers Placement Agency, Inc. with any information and opinion which Care Givers regards as useful to it in making a referral decision. I release such persons and organizations from any legal liability in making such statements, or furnishing any and all information that the Agency may seek. I understand that I will not have access to the confidential information received however, according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a Consumer Reporting Agency. I agree to relieve Care Givers Placement Agency, Inc. of any liability or consequences that might result from obtaining said information from others.

Ψ \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

What type of work arrangement are you looking for?	
<input type="checkbox"/> Full-time (more than 35 hrs/wk)	<input type="checkbox"/> Part-time (35 hrs/wk or less) <input type="checkbox"/> Summer _____
<input type="checkbox"/> Permanent Employment(one year or longer)	<input type="checkbox"/> Temporary Employment (less than one year)
What is your gross salary requirement? Monthly _____ Hourly _____	

<b>OFFICE USE ONLY:</b>	
Orientation: _____ / _____	_____ 9:30 _____ 10:30 Other _____ Questionnaire _____

## CHILDCARE HISTORY FOR LAST SEVEN YEARS

LIST NANNY POSITIONS, BABYSITTING JOBS, DAY CARES, CHILD-RELATED VOLUNTEER WORK, ETC.  
Information must be complete. Both phone numbers and addresses need to be supplied. Do not include work with relatives or very casual babysitting (i.e. working for a family less than 6 times).

DATES	NAME OF EMPLOYER	PHONE NUMBER	ADDRESS	AGES OF CHILDREN
____/____ to  ____/____				

nanny position   
  babysitting   
  daycare   
  other: \_\_\_\_\_  
 describe duties:

Office Use Only:  
 M \_\_\_\_ F \_\_\_\_ P \_\_\_\_ R \_\_\_\_  
 Reference Letter \_\_\_\_\_

____/____ to  ____/____				
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nanny position   
  babysitting   
  daycare   
  other: \_\_\_\_\_  
 describe duties:

Office Use Only:  
 M \_\_\_\_ F \_\_\_\_ P \_\_\_\_ R \_\_\_\_  
 Reference Letter \_\_\_\_\_

____/____ to  ____/____				
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nanny position   
  babysitting   
  daycare   
  other: \_\_\_\_\_  
 describe duties:

Office Use Only:  
 M \_\_\_\_ F \_\_\_\_ P \_\_\_\_ R \_\_\_\_  
 Reference Letter \_\_\_\_\_

DATES	NAME OF EMPLOYER	PHONE NUMBER	ADDRESS	AGES OF CHILDREN
____/____ to ____/____				

nanny position   
  babysitting   
  daycare   
  other: \_\_\_\_\_  
 describe duties:

Office Use Only:  
 M\_\_\_\_ F\_\_\_\_ P\_\_\_\_ R\_\_\_\_  
 Reference Letter \_\_\_\_\_

____/____ to ____/____				
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nanny position   
  babysitting   
  daycare   
  other: \_\_\_\_\_  
 describe duties:

Office Use Only:  
 M\_\_\_\_ F\_\_\_\_ P\_\_\_\_ R\_\_\_\_  
 Reference Letter \_\_\_\_\_

____/____ to ____/____				
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nanny position   
  babysitting   
  daycare   
  other: \_\_\_\_\_  
 describe duties:

Office Use Only:  
 M\_\_\_\_ F\_\_\_\_ P\_\_\_\_ R\_\_\_\_  
 Reference Letter \_\_\_\_\_

## YOUR WORK EXPERIENCE FOR LAST SEVEN YEARS

LIST FULL-TIME AND/OR PART-TIME JOBS THAT WERE NOT CHILDCARE RELATED

DATES	COMPANY NAME	PHONE NUMBER	SUPERVISOR'S NAME	RESPONSIBILITIES
____/____ to ____/____				
M ____ F ____ P ____ R ____ Reference Letter _____				
____/____ to ____/____				
M ____ F ____ P ____ R ____ Reference Letter _____				
____/____ to ____/____				
M ____ F ____ P ____ R ____ Reference Letter _____				
____/____ to ____/____				
M ____ F ____ P ____ R ____ Reference Letter _____				

**Explain any gaps in employment which were longer than 3 months:**

Dates: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Dates: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

**How many days were you sick last year? \_\_\_\_\_**  
**How many days of work did you miss last year due to illness? \_\_\_\_\_**

**Please add any job related comments or information you feel might be helpful:**

## CHARACTER REFERENCES

THE PEOPLE LISTED BELOW WILL BE ***MAILED*** A REFERENCE QUESTIONNAIRE. LIST PEOPLE DIFFERENT FROM ANYONE LISTED PREVIOUSLY. DO NOT LIST RELATIVES, SIGNIFICANT OTHERS OR THIER RELATIVES. LIST PEOPLE WHO VE KNOWN YOU FOR AT LEAST 5 YEARS: LONG-TERM FAMILY FRIENDS, CO-WORKERS, ETC.

NAME	ADDRESS (MUST BE COMPLETE)	TELEPHONE	RELATIONSHIP

**TELL US ABOUT YOURSELF:**

In addition to English, what other languages do you speak fluently? \_\_\_\_\_

What do you see yourself doing two years from now? \_\_\_\_\_

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Why do you want to be a Nanny? \_\_\_\_\_

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EDUCATION			
NAME OF SCHOOL	LOCATION	MAJOR/MINOR	GRADUATION DATE
High School:			
College:			
Other:			
Other:			

**TELL US MORE ABOUT YOURSELF:**

Are you attending school now? \_\_\_\_\_ Where? \_\_\_\_\_ Part-time or Full-time? \_\_\_\_\_

For what? \_\_\_\_\_

How will your plans change in the next year? \_\_\_\_\_

Please describe any classes/workshops you have taken relating to child care \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the date of your last infant and child CPR class? \_\_\_\_/\_\_\_\_/\_\_\_\_ First Aid? \_\_\_\_/\_\_\_\_/\_\_\_\_

Describe your experience working with special needs children \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What have you done (classes taken, books read, etc.) in the last 12 months to increase your knowledge of children's developmental needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ANSWER :**

Do you smoke? \_\_\_\_\_ Would you be willing to work in a non-smoking environment? \_\_\_\_\_

Would you be willing to work in a smoking environment? \_\_\_\_\_

Do you swim? \_\_\_\_\_

Would you take a position where you have to be responsible for children in a pool? \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_

Would you be willing to complete psychological screening questionnaires if requested by a parent as part of the application process? \_\_\_\_\_ Medical exam? \_\_\_\_\_ Drug screening? \_\_\_\_\_

Care Givers Placement Agency is only able to place candidates with legal work authorization in the United States. Are you legally able to accept work in the United States? \_\_\_\_yes \_\_\_\_no

What days/times are you available to work?

\_\_\_\_ Sunday from \_\_\_\_ am to \_\_\_\_ pm

What date are you available to start work? \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Monday from \_\_\_\_ am to \_\_\_\_ pm

Is there a date you wish to finish work? \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Tuesday from \_\_\_\_ am to \_\_\_\_ pm

\_\_\_\_ Wednesday from \_\_\_\_ am to \_\_\_\_ pm

\_\_\_\_ Thursday from \_\_\_\_ am to \_\_\_\_ pm

\_\_\_\_ Friday from \_\_\_\_ am to \_\_\_\_ pm

\_\_\_\_ Saturday from \_\_\_\_ am to \_\_\_\_ pm

Please discuss how you would handle the following situations. Your answers should contain detail about your knowledge of child development, child psychology and your own methods.

YOUR NAME \_\_\_\_\_

BEFORE calling 911 or poison control, name 2-3 things you would do if you found an 11-month old holding an open and empty bottle of aspirin:

(1)

(2)

(3)

What would you say to a 5-year old who would rather finish playing Candy Land than get ready for school:

Solve this: A 4 and 2 year old are fighting over the same toy(s). What would you do; what would you say?

List 4 things you would do if a 4-month old baby were crying incessantly:

(1)

(2)

(3)

(4)

What would you do if a 5-year old confides that you are not as good as the last nanny and that you should go back home:

**RELEASE AND AUTHORIZATION FORM**

TO BE COMPLETED BY THE NANNY APPLICANT

**DISCLOSURE: A COMSUMER REPORT MAY BE PROCURED FOR EMPLOYMENT PURPOSES**

I voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, the Minnesota Bureau of Criminal Apprehension, Oregon Judicial Information Network, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, **CREDIT HISTORY**, or any other information requested to Care Givers Placement Agency, Inc., HireWatch, Employment Screening Services, Inc., Mind Your Business and/or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original. According to the FAIR CREDIT REPORTING ACT, I am entitled to know if employment is denied because of information obtained from a Consumer Reporting Agency. I will also be given a summary of my rights and a copy of the consumer report.

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Any other names used

\_\_\_\_\_  
date(s) name(s) last used

\_\_\_\_\_  
Street Address City State Zip

Previous Addresses for Prior 7 years (use back side if needed)

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth\*\*

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue

\*\*Birth date necessary to verify criminal/driving history. The Federal Age Discrimination Act of 1967 prohibits discrimination on the basis of age.

OFFICE USE ONLY:

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OR CRIME SCREEN  
Other:  
PAH  
RT  
HW  
DMV  
SafeScan  
SS# Verified

## **Directions to Care Givers Placement Agency:**

We are in the Colonial Office Campus at 10211 SW Barbur Blvd., Building A, Suite 110, on the first floor. The Colonial Office Campus is a group of 4-5 buildings that all look alike: 2-story, red brick, white siding, white pillars. Building A is the building next to the Public Storage Company. There is a big parking lot in front of the buildings.

### Traveling south on I-5:

Take the Capitol Highway Exit #295

Make 3 right hand turns, right in a row

The 3rd right hand turn is Barbur Blvd - our street!

Go about 1 block south (right), past Blockbuster's Video

Our building will be on your right

### Traveling north on I-5:

Take the Barbur Blvd. Exit #294

Go straight, through 2 stop lights

Our building will be on your left.

### Traveling on I-84:

Take I-5 South, then follow the I-5 directions above

### Traveling on US 26:

Take 217 Exit, heading towards Portland

Take 99W Exit

Turn left, towards Portland

Follow 99, past Tigard Cinemas, Tigard Fred Meyer, I-5 interchange

Our building will be on your left.

### Traveling on Hwy. 217:

Take 99W Exit

Turn left, towards Portland

Follow 99, past Tigard Cinemas, Tigard Fred Meyer, I-5 interchange

Our building will be on your left.

### Traveling on I-205

Depending on where you are coming from, take 205 either North or South to I5. Our office is slightly north of Tigard on the South fringe of Portland. Mapquest or Google Maps will be a big help!

Call us at 503-244-6370 if you have any questions. We look forward to meeting with you!