



NannyNurse™
Network LLC
Creating Peace of Mind

NANNYNURSE™ APPLICATION

Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

Date of Boot Camp: _____

Please complete questions & bring completed application to NannyNurse™ Boot Camp.

1. Do you have Internet access 24/7? _____

2. Do you have a cell phone for receiving calls and text messages? _____

3. What type of nursing or nurse aide experience do you have? _____

4. Where did you get your training and what certification(s) and or license(s) do you have? _____

5. Do you carry professional liability insurance? If not, are you willing to purchase it? _____

6. What is your one greatest strength and one weakness? _____

7. Why did you choose to work as a NannyNurse™? _____

8. Why did you leave your last job? _____

9. Tell me about a time in which you had to handle an irate co-worker, parent, child, or physician. How did you handle it and what were the results? _____

10. What organizations do you belong to that relates to nursing or care giving of children or adults? _____

11. Do you have reliable transportation and car insurance? _____

12. Are you able to work a flexible schedule or do you need a routine schedule with x number of hours a week? _____

13. Are you able to be on call if needed for this position? _____

14. Are you able to comply with the dress code for this position – buy your own pink scrubs? _____

15. What areas in the Greater St. Louis Area are you willing to travel to? Please circle.
St. Louis City, North St. Louis County, West St. Louis County, South St. Louis County, St. Charles County, Franklin, Jefferson County and/or Metro East Illinois?

Only US Citizens or Aliens who have the legal right to work in the United States are eligible to participate. Can you provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?

Yes

No

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO
3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
		MO.	YR.			
CITY, STATE, ZIP				\$		NAME & TITLE OF IMMEDIATE SUPERVISOR
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	
BUSINESS. TRADE OTHER			1 2 3 4	[] YES [] NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for placement. Please indicate any prior military service that you would like considered in connection with your application for placement.

REFERENCES

NAME	POSITION	COMPANY	WORK REALTIONSHIP (i.e., supervisor, co-worker)	TELEPHONE #

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF PLACEMENT OR IMMEDIATE TERMINATION OF PLACEMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

APPLICANT SIGNATURE _____ DATE _____