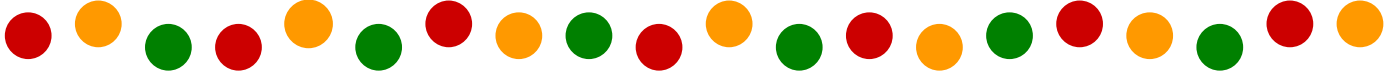




Loving Arms, LLC

Nanny & Domestic Placement Agency



Caregiver Application

Welcome to Loving Arms, LLC we are excited to meet you and to help you find the perfect Domestic position. Upon completing the following application, please call our office to schedule an interview *or* mail this application to the address below and we will contact you for an interview.

Loving Arms, LLC
Nanny & Domestic Placement Agency
8466 N Lockwood Ridge Rd #145
Sarasota, Fl 34243

Please be aware this is a **mailing address only**, not the address that you will go to for your interview.

Please **Bring with *or* include in your mailing a **COPY** of your:

1. () **Social Security Card**
2. () **Drivers License**
3. () **Vehicle Insurance card**
4. () **CPR certification** (you will be required to be certified with-in 30 days of being hired by a family)
5. () **First Aid Certification**
6. () **A Picture of yourself**
7. () **Letters of recommendations you may have**

Your file will NOT be complete until a copy of ALL of the above documents are in your file!!

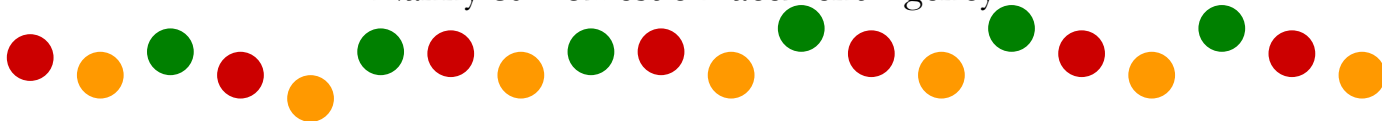
I look forward to meeting with you soon.

Sincerely,

Casey Smith
Loving Arms, LLC
Nanny & Domestic Placement Agency
Office: 941-359-4889
www.ourlovingarms.com

Loving Arms, LLC

Nanny & Domestic Placement Agency



Employment Application: Date Available: _____

Full Legal Name: _____

Date of Birth: _____ Social Security Number: _____

What other names have you been known by?
(ie: maiden name, please spell out full name) _____

Home Phone #: _____ Work #: _____

Cell #: _____ Email: _____

Present Address: _____

City: _____ St: _____ Zip: _____

How long have you lived at current address? _____

Previous addresses for the last **seven (7)** years (if less than 7 years at the above address)

1) Address: _____ City: _____ St: _____ Zip: _____
When? _____ For how long? _____

2) Address: _____ City: _____ St: _____ Zip: _____
When? _____ For how long? _____

Please continue on back if you have more than two previous addresses in the last seven years!

In what other states and counties have you lived in if not noted above?

Emergency Contact: _____ Relationship: _____
Phone 1: _____ Phone 2: _____

Do you drive? Yes No Have your OWN dependable car? Yes No
If so, please list the year, make and model of the vehicle: _____

Drivers Lic #: _____ State of: _____
Auto Insurance Co. Name: _____

Have you ever been arrested for any reason? Yes No If so, please explain: _____

Do you have any violations or accidents on your driving record? Yes No
If so, please explain: _____

Education:	Name Address of school:	Course of Study	Years Completed	Diploma/Degree
High School				
College/University				
Graduate School				
Professional/ Trade School				

Are you currently enrolled in school? Yes No If so, what are you studying and when do you expect to finish? _____

Work History:

Employer	Date Hired/Left	Job Title	Duties	Contact Name & Number

Are you currently employed? YES NO
 If so, may we contact your current employer? YES NO

Are you CPR Certified? Yes No Renewal Date? _____

Are you certified in First Aid? Yes No Renewal Date? _____

If you have not listed **Caregiver Employment** related to the field you are applying for, please list them now:

1. Name: _____ Contact #: _____ Type of position: _____

2. Name: _____ Contact #: _____ Type of position: _____

Please list at least 2 personal character references NOT related to you with Contact Info:

1. Name: _____ Contact #: _____ Type of position: _____

2. Name: _____ Contact #: _____ Type of position: _____

If applying to care for the Elderly, do you have experience caring for elderly with special needs? If so, please describe: _____

If applying to work with Children, do you have experience caring for children with special needs? If so, please explain: _____

Are you Allergic to or Afraid of **any** type of animals? If so, please explain: _____

Do you swim? YES NO If so how well? _____
If not, are you willing to learn? _____

Do you speak any other language besides English? If so, please list them: _____

Is this your primary language? Yes No

Do you smoke? Yes No

Do you play any instruments? _____

Are you currently taking any medication? Yes No If so, will they interfere with your ability to perform your duties? Yes No If so, please list and explain: _____

Are you willing to submit to a drug test if an employer requests one? Yes No

Would you prefer: Live -In Live -Out

Full-Time (more than 30 hours per wk) Part-time (15-30 hours/wk) Temp/Occasional

Personal Assistant Senior Companion Nanny Babysitter Housekeeper Household Manager

Please list times available for each day: (please be specific)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Pay range expected: _____

Is this negotiable? Yes No

Duties you are willing to perform: (please circle all that apply)

Light Housekeeping

Full Housekeeping

Occasional Cooking/ Meal Prep

All Cooking

Laundry

Picking Up Dry Cleaning

Grocery Shopping

Gift Shopping for Family, Friends & Colleagues

Errands

Arranging Travel and/or Traveling w/family

Care for pets

Childcare/Nanny

Plant Care

House Sitting

Home Office Organization

Home Organization

Supervision of Household Staff

Maintaining Household Security

Management/Organization of Household Finances

Please list any duties you are willing to perform not listed above:

Are you willing to drive your own vehicle for the above? Yes No

What type of vehicle compensation would you expect? _____

Caregiver Comprehensive Questionnaire:

1) Please describe your personality:

2) What qualifies you to work in your chosen category? _____

3) What is most important to you when working with a family? _____

4) Are you energetic? Explain: _____

5) How many hours per day do you spend watching TV? _____

What type of shows do you prefer to watch? _____

6) What would you do with school aged children during their free time? _____

7) What activities would you enjoy with a preschooler? _____

8) How would you handle a last minute call from your employer to get him **Sold Out** tickets to Tonight's HOT show?

9) What would you do if a caterer was late to a large dinner party? _____

10) How would you handle an overbearing boss? _____

11) What would you do if your employer asked you to do something that was illegal? _____

Caregiver/Agency Contract:

I, _____, certify that all of the information included in this application is accurate to the best of my knowledge. I understand that knowingly withholding information or providing false information is grounds for immediate dismissal from employment. I also acknowledge that Loving Arms LLC, Nanny & Domestic Placement Agency has advised me that they may contact any and all persons listed as references in this application to gather information on me which may include, but is not limited to: information on my character, general reputation, education and past employment.

Furthermore, I understand that a full Criminal Background Screening and Department of Motor Vehicles check will be performed for all states and/or counties where I have resided in the last seven years. I hereby authorize the appointed staff member of Loving Arms LLC, Nanny & Domestic Placement Agency to obtain such reports. I acknowledge that I have read and understand this statement and all statements herein, and I agree that the information provided by me is true to the best of my knowledge. I further agree not to take any position with an employer who has yet to make all payments of placement fees to Loving Arms, LLC. If I chose to accept a position from a family who has not paid all fees I understand that Loving Arms, LLC will no longer represent me or assist me in finding employment and will not be held responsible for any on goings in said position. I agree to release and promise to hold harmless Loving Arms, LLC for any act of any employer. I understand that Loving Arms, LLC is a placement service and that I am not **obligated** to take any position offered to me as such. I further agree to hold harmless Loving Arms LLC, Nanny & Domestic Placement Agency of any claim as a result of any placement.

Applicants Signature: _____ Date: _____