



EMPLOYER QUESTIONNAIRE

DATE:

CONTACT INFORMATION

	Contact 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? Yes 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

Do you have someone who will care for children other than Housekeeper/Household Manager? If No, please explain?

Yes No In process of hiring Nanny/Babysitter

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"/> Permanent Full-Time <input type="checkbox"/> Permanent Part-Time		
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 candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the employee have a separate room/apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Extra Benefits: <input type="checkbox"/> TV <input type="checkbox"/> Cable <input type="checkbox"/> Phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Other:		



JOB DESCRIPTION

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

Total Weekly Hours: _____

Holidays:

Days Off:

Is driving required? Yes No

If yes, check all that apply: Car required Car provided Standard transmission
 Automatic transmission

Second Language(s) preferred:

Meal preparation for children only: Breakfast Lunch Dinner Snacks

Meal preparation for whole family: Breakfast Lunch Dinner Snacks

Light Cleaning: Children's areas Entire House Children's laundry
 Laundry for whole family Ironing Errands

Please describe household duties:



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:	
Does either parent or anyone else in your household work at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who will?	
Have you ever employed domestic staff before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe previous experience (details appreciated):	



Do you have other domestic staff on board currently? <input type="checkbox"/> Yes <input type="checkbox"/>
No
If yes, what is his/her present schedule and job title?
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:
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 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, or its affiliates to charge my credit card account for services in advance including late fees and any other applicable fees upon the sixth (6) calendar day following acceptance of a position or on the predetermined first day of service, whichever is earlier. 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	

