



**EMPLOYER QUESTIONNAIRE**

**DATE:**

**CONTACT INFORMATION**

|                                  | <b>Contact Client</b> | <b>Partner/Spouse</b> |
|----------------------------------|-----------------------|-----------------------|
| 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 |
|------------------|-----|-----|-----------------|-----------|
|                  |     |     |                 |           |
|                  |     |     |                 |           |
|                  |     |     |                 |           |
|                  |     |     |                 |           |
|                  |     |     |                 |           |

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?  Yes  No

Does anyone in your household smoke?  Yes  No



**POSITIONS OFFERED**

|   |                    |  |
|---|--------------------|--|
| <b>TITLE:</b>   | <b>Start Date:</b> | <b>Completion Date:</b>  |
| 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:<br>Would you be interested in interviewing out-of-state nannies? <input type="checkbox"/> Yes <input type="checkbox"/> No            |                    |  |

**POSITIONS OFFERED CONT.**

|   |                    |  |
|---|--------------------|--|
| <b>TITLE:</b>   | <b>Start Date:</b> | <b>Completion Date:</b>  |
| 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:                          |                    |  |





**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<br>If yes, check all that apply: <input type="checkbox"/> Car required <input type="checkbox"/> Car provided <input type="checkbox"/> Standard transmission<br><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<br><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):

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Would you say that your home is considered a safe environment?  Yes  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?  Yes  No  
If yes, please explain:

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Does either parent or anyone else in your household work at home?  Yes  No  
If yes, who will?

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Have you ever employed domestic staff before?  Yes  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?   |
| <br>  |
| 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:   |
| <br><br><br>  |
| Please describe your ideal employee:  |
| <br><br><br><br><br><br><br><br><br>  |

|   |
|---|
| 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.



**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 Referral fee including late 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            |  |
| 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.