

Grapevine Placement Agency

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CANDIDATE APPLICATION

Please Print Clearly (Black or Blue Ink)

Applicant Name: _____

First

Middle

Last

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Are you currently employed? Yes No Is it ok to call you at work? Yes No

Position Preferences: Nanny Household Manager Housekeeper Personal Assistant Chef Gardener

Full-Time Part-Time Live-In Live-Out On-Call Temporary Summers Overnights

Sick Childcare Will Travel House-Sitting Pet-Sitting

Number of Children you would like to care for: _____

Days & Hours you are available:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____ Other _____

Locations: Napa County Sonoma County Solano County Marin County Contra Costa County

San Francisco County East Bay

Are you willing to relocate? Yes No

EXPERIENCE

How many years of experience do you have with child care? _____

Child-Care (Circle all that apply): Premature Newborns Toddlers Pre-School Grades K-8 Pre-Teen

Twins Handicapped Elder-Care Other _____

Teaching: Day Care Pre-School Elementary Teacher Teacher's Aide Tutor Swimming

Arts and/or Crafts Dance Gymnastics Other _____

Household Work: Cleaning Laundry Ironing Errands Shopping Gardening Pet Care

Loading & Unloading Dishwasher Other _____

Cooking: Regular Meals Gourmet meals Vegetarian Meals Parties Pack Lunches

Cooking Only for Children Cooking for the Entire Family Other _____

DRIVING/VEHICLE INFORMATION

How will you get to work? Drive Friend Bus Other: _____

Do you have a current driver's license? Yes No

How many years have you been driving? _____

Make of Car: _____ Model: _____ Year: _____ Color: _____

Can you drive a stick shift? Yes No

Do you have vehicle insurance? Yes No Insurance Agency: _____

Policy Number: _____ Expiration Date: _____

Have you ever been convicted for a DUI? Yes No

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

(Conviction of a felony will not necessarily preclude placement, but the circumstances surrounding a conviction may be considered.)

SALARY/BENEFITS

Available to start: _____ Hourly range \$ _____ to \$ _____

Approximate number of hours per week: _____

Desired length of employment: _____

Are you willing to use your vehicle? Yes No

Amount of reimbursement for use of vehicle: _____

Will you require medical coverage? Yes No Dental Coverage? Yes No

How often do you wish to get paid? _____

WILLING TO PERFORM

Cleaning: All Bedrooms Children's Rooms Vacuum Mop Sweep Bathrooms Clean Kitchen

Clean Ovens Clean Ovens Laundry Iron Dust Loading & Unloading Dishwasher

Water Plants Errands Shopping Pet Care Other _____

Meals: Breakfast Lunch Dinner Snack Cooking Only for Children Cooking for the Entire Family

Regular Meals Gourmet meals Vegetarian Meals Parties Pack Lunches Other _____

Drive the children to and from: School Activities Friends Homes Other _____

GENERAL INFORMATION

Are you able to care for children with or without reasonable accommodation of any disability? Yes No
(Please note disability accommodation will not be required by law for most potential placements through Grapevine Placement Agency).

Are you willing to work in a home with pets or other animals? Yes No

If yes, are there any animals you will not work around? _____

What are the ages of the children that you feel most comfortable working with? _____

What techniques do you use for disciplining children? _____

What activities do you like to do with the children? _____

How would you define the word "Nanny"? _____

What are your personal traits? _____

What are your hobbies, interests, talents: _____

What are your short-term & long-term goals? _____

Why have you decided to become a Nanny? _____

EDUCATION

Are you currently enrolled in school? Yes No If yes, which one? _____

Do you plan on returning to school? Yes No If yes, when? _____

Please note any coursework or other education that you feel is relevant to your service as a Nanny:

High School Name & Location (Optional): _____

Number of Years Attended: _____

College Name(s) & Location(s) (Optional): _____

Number of Years Attended: _____ Degree(s): _____

Have you taken any Early Childhood Courses? Yes No If yes, how many classes have you taken? _____

Can you swim: Yes No

CPR Certification: Yes No Expiration Date: _____

First Aid Certification: Yes No Expiration Date: _____

Other Special Training/Certifications: _____

Languages: English Speak Read Write

_____ Speak Read Write

_____ Speak Read Write

PERSONAL REFERENCES

Name: _____ Occupation: _____ Years Known: _____

Email: _____ Phone: _____

Name: _____ Occupation: _____ Years Known: _____

Email: _____ Phone: _____

RELEVANT EMPLOYMENT

May we contact your present employer or referral service client(s)? Yes No

Most Recent Employer or Referral Service Client First (Include all relevant paid, charitable, & volunteer childcare work).

Dates: From _____ To _____

Position Held or Service Provided: _____

Employer or Client Name(s): _____

Address: _____

City, State, Zip: _____

Supervisor's Name: _____

Email: _____ Phone: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

Dates: From _____ To _____

Position Held or Service Provided: _____

Employer or Client Name(s): _____

Address: _____

City, State, Zip: _____

Supervisor's Name: _____

Email: _____ Phone: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

Dates: From _____ To _____

Position Held or Service Provided: _____

Employer or Client Name(s): _____

Address: _____

City, State, Zip: _____

Supervisor's Name: _____

Email: _____ Phone: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

RELEVANT EMPLOYMENT CONTINUED...

Dates: From _____ To _____

Position Held or Service Provided: _____

Employer or Client Name(s): _____

Address: _____

City, State, Zip: _____

Supervisor's Name: _____

Email: _____ Phone: _____

Duties & Responsibilities: _____

Reason for Leaving: _____

OTHER EMPLOYMENT OR SERVICE REFERENCES ONLY:

Name	Address	Phone Number

OTHER INFORMATION THAT SHOULD BE ACKNOWLEDGED, OR THAT YOU WOULD LIKE TO ADD ABOUT YOURSELF:

Grapevine Placement Agency was recommended to you by:

- Returning Candidate Advertisement Newspaper/Magazine Internet Yellow Pages

Friend: _____ Other: _____

DISCLOSURE STATEMENT

Please read *very* carefully before signing. In addition to any other agreements between them, Applicant and Grapevine Placement Agency (“Agency”) agree that:

1. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for placement and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed the application. I understand that any omission or misstatement of material fact of this application or any document used to secure placement shall be grounds for rejection of this application.
2. I hereby authorize Agency to thoroughly investigate my references, work records, education and other matters related to my suitability for placement. I further authorize the references I have listed to disclose to the Agency any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Grapevine Placement Agency, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
3. Applicant understands that the Agency is a placement service only and will not enter into an employment or contractor relationship with Applicant at any time.
4. I understand that I am liable for any damages to clients, the Agency and/or premises thereon. In any legal action brought thereof, I shall be liable for all costs incurred in connection with such action, including attorney’s fees.
5. I understand that I am not to make any private contract in any way with any clients registered with the Agency unless permitted by the Agency. If this agreement is broken, I agree to be held fully liable for any damages caused and will be immediately discharged (If I am employed).
6. The Agency may assist Applicant in securing work, though Agency will not be Applicant’s employer at any time.
7. Referral fees shall be paid solely by placement clients directly to Agency and not by Applicant.
8. Applicant is free to sign an agreement with other agencies and to perform work for persons not referred by Agency.
9. Applicant shall inform Agency of any restrictions on hours, location, conditions, or type of work he or she will accept and Applicant is free to select or reject any work opportunity procured, offered, referred, or provided by Agency.
10. Applicant is free to renegotiate with the person(s) hiring him/her the amount proposed to be paid for the work.
11. Applicant shall not receive any training from Agency with respect to the performance of work.
12. Applicant shall perform work without any direction, control, or supervision exercised by Agency with respect to the manner and means of performing the work. However, Agency shall be allowed to (a) inform Applicant about the services to be provided and the conditions of work specified by the person seeking services; (b) contact clients to determine whether that person is satisfied with Agency's referral service; (c) inform Applicant of the time during which new referrals are available, and (d) request that Applicant inform Agency if the Applicant is unable to perform work accepted.
13. Agency does not provide tools, supplies, or equipment necessary to perform services.
14. Applicant is not obligated to pay Agency’s fee, and Agency is not obligated to pay the Applicant if the person(s) for whom the services were performed fails or refuses to pay for the work.
15. Payments for services are made directly to Applicant by the placement client(s).
16. The relationship between Applicant and the persons for whom the Applicant performs services may only be terminated by either of those parties and not by Agency. However, Agency may decline to make additional referrals to Applicant, and Applicant may decline to accept a particular referral, with or without notice and with or without cause.
17. Applicant agrees that he or she has been and hereby is informed that Applicant may be obligated to obtain business permits or licenses, where required by any state or local law, ordinance, or regulation, and that he or she is not eligible for unemployment insurance, state disability insurance, social security, or workers' compensation benefits through Agency. If self employed, Applicant is required to pay self-employment tax, state tax, and federal income taxes.
18. Applicant shall verify his or legal status or authorization to work prior to receiving referrals from Agency in accordance with procedures established under federal law.

Applicant Print Name _____

Signature _____ Dated _____

Grapevine Placement Agency _____ Dated _____