



My Lullaby Babies, LLC

“A sweet sleeping baby makes a happy mommy;
and a happy mommy makes a happy daddy”

Newborn Care Specialist Employment Application

DATE:

PERSONAL INFORMATION		
Name:		
Address:		
Home Phone:	Work Phone:	Cell Phone:
Email Address:		
Referred by : Friend__ Facebook__ Google__ Indeed__		
Are You 18yrs or Older Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	
Are you fluent in English Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____	Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are legally authorized to work in the United States Yes <input type="checkbox"/> No <input type="checkbox"/>	License #:	
	State/Province:	
	Do you have your own car? Yes <input type="checkbox"/> No <input type="checkbox"/>	
BACKGROUND HISTORY		
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, explain:		
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you take drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you drink alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, explain:		
Do you have any current or past experiences with child abuse or neglect, alcohol and/or substance abuse or substance abuse treatment, or domestic violence that may impede your ability to meet the expectations explained in agency's contract in caring for babies?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, explain:		

Explain any health or mental health conditions, including medication(s), that may affect your ability to work as a Newborn Specialist. <input type="checkbox"/> Yes No <input type="checkbox"/>		
If Yes, explain: Are you physically able to work as a Newborn Care Specialist? Yes <input type="checkbox"/> No	Do you take any prescription medications? <input type="checkbox"/> Yes No <input type="checkbox"/> . If Yes, list Do you have any allergies? <input type="checkbox"/> Yes No If Yes, explain:	
POSITION DESIRED		
Newborn Care Services	24 hour _____ Nights _____	
Experience	Newborns____Single ____ Twins____ Triplets____ Quadruplets____	
EDUCATION		
What is your highest level of education?	School/College/University:	
Do you have First Aid Certification? Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration Date _____ Do you have CPR certification? Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration Date _____ Newborn Care Specialist Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Completion _____		
Have you taken any additional courses or training? Yes <input type="checkbox"/> No If Yes, list:		
INTERESTS		
Hobbies:	Sports:	
Are you able to work around pets? x Yes <input type="checkbox"/> No If no Explain:	Do you do baby related duties? <input type="checkbox"/> Yes No <input type="checkbox"/>	Can you swim? <input type="checkbox"/> Yes No <input type="checkbox"/>
List any other interests that may be relevant: .		

EMPLOYMENT HISTORY			
Dates	Employer	Telephone Number	Duties

NANNY EXPERIENCE

What is your previous nanny experience?
 Live-in Nanny Live-out Nanny Mother's Helper Other: _____

Describe your experience as a newborn care Specialist/ mother's helper/:

What is your previous experience working with children?
 Nanny Babysitter Camp Counselor/Daycare Worker Newborn Care Specialist Raised your own children
 other: _____

What skills have you employed as a nanny/Newborn Care Specialist (check those that apply):

Cared for nursing baby Prepared formula
 Gave solid foods to baby Gave medications
 Swaddle newborn
 Burp newborn
 Clean umbilical cord
 Administer ointment and clean circumstances
 Provided 24 hour childcare
 Sleep train baby Taught child to swim
 Comfort colic baby
 Cared for sick child (Explain: _____)
 Other:

Have you worked with special needs children? Yes No
If Yes, explain:

What is your experience working with babies of different ages?
Newborn How Long: ___years_____ Explain:
6-24 months How Long: _____ Explain:

REFERENCES

Please provide a personal reference (not a relative) who has known you at least 2 years:

PROFESSIONAL CHILDCARE REFERENCES

Dates Worked	Name	Phone Number	Ages of Children

Authorization

I, _____, acknowledge that My Lullaby Babies LLC may request a reference check, which may include information on my character, general reputation, education, personal characteristics, driving record, police record, and past employment. I hereby authorize the Agency to obtain any such information.

I acknowledge that I have read and understand this statement and that, to the best of my knowledge, the information provided in this application is true and correct. I agree that this application is intended for use to assess my qualifications for employment through the agency. This is not an employment contract.

I agree and understand that Lullaby Babbies LLC is acting as a placement agency, and as a result to release and hold the Agency harmless for any act of the employer. I also agree to hold the Agency harmless of any claim as a result of any placement I receive.

Applicant's Signature

Date