

## Super Sitters, Inc. Application for Employment

5353 Tribune Drive, Orlando, FL 32812

Tel: 407-382-2558 Fax: 407-382-3148

### Personal Information

Name (last name first)			Social Security No.		
Present Address		Apt No.	City	State	Zip
Permanent Address (if different than present)		Apt No.	City	State	Zip
Home Tel:		Cell		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver License Number	State	Tag Number		State	Own Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Desired Employment (circle one)

FT Nanny	PT Nanny less than 26 hours	PT Sitter	Date you can Start	Days Available (circle one) M T W TH FRI SAT SUN
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Supervisor

### Education

School Level	Address	No. of years	Did You Graduate?	Major
High School				
College				
Trade, Business or Correspondence School				
Subjects of Special Study				
Special Certified Training				
Do you speak a second language? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes what?		
Hobbies or Special Interest				
Do you swim? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you comfortable with pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Former Employers (start with most recent first)

Name of Employer			
Address		City	State
Start Date		End Date	Position
Starting Salary	Final Salary	May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Supervisor		Tel:	
Work Description			
Reason for leaving			

**Former Employers (continued)**

Name of Employer			
Address		City	State
Zip			
Start Date	End Date	Position	
Starting Salary	Final Salary	May We Contact Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor		Tel:	
Work Description			
Reason for leaving			

  

Name of Employer			
Address		City	State
Zip			
Start Date	End Date	Position	
Starting Salary	Final Salary	May We Contact Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor		Tel:	
Work Description			
Reason for leaving			

**Closest Relative**

Name	Relationship		
Address		City	State
Zip			
Tel:	Cell:		

**Personal References**

Name	Title	Company or Association
Telephone	Years Known	
Name	Title	Company or Association
Telephone	Years Known	
Name	Title	Company or Association
Telephone	Years Known	

Please write a brief auto-biography to help families learn more about you and why you should be considered for this position

**Auto-Biography**


**Please describe how you would handle the following hypothetical situations**

A child that has difficulty waking up for school
You find the child playing with a toxic chemical or an empty medication bottle
The children are fighting over sharing a toy
A child who won't eat his/her meal
What kind of indoor activities would you use to occupy a child?
A colic baby
An insubordinate child

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please explain

<b>Authorization</b>	
I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.	
Signature	Date